

Minutes of the meeting of the Quality and Patient Safety Committee of the Board of Directors of the Cook County Health and Hospitals System held Tuesday, November 15, 2011 at the hour of 12:00 P.M. at 1900 W. Polk Street, in the Second Floor Conference Room, Chicago, Illinois.

I. Attendance/Call to Order

Chairman Ansell called the meeting to order; however a quorum was not present. The Committee continued to receive information until approximately 1:15 P.M.; at this time, a quorum was reached, and the Committee began to consider the items presented.

Present: Chairman David Ansell, MD, MPH and Director Luis Muñoz, MD, MPH (2)

Absent: Director Hon. Jerry Butler (1)

Additional attendees and/or presenters were:

David Barker, MD – Ruth M. Rothstein CORE Center of Cook County
Barbara Farrell – System Director of Quality and Patient Safety
Claudia Fegan, MD – Ambulatory and Community Health Network of Cook County
David Goldberg, MD – John H. Stroger, Jr. Hospital of Cook County
Aaron Hamb, MD – Provident Hospital of Cook County
Helen Haynes –System Associate General Counsel
Anwer Hussain, DO – Oak Forest Health Center

Mindy Malecki – System Director of Risk Management
Terry Mason, MD – System Chief Medical Officer
John O'Brien, MD – System Chairman of Planning, Education and Research
Ram Raju, MD, MBA, FACS, FACHE – Chief Executive Officer
Elizabeth Reidy – System General Counsel
Deborah Santana – Secretary to the Board
Pierre Wakim, MD – Provident Hospital of Cook County

II. Public Speakers

Chairman Ansell asked the Secretary to call upon the registered speakers.

The Secretary called upon the following registered public speakers:

1. Jan Pearson Concerned Citizen
2. George Blakemore Concerned Citizen

III. Report from System Chief Medical Officer

A. Update on transition activities for Oak Forest Health Center

Dr. Claudia Fegan, Associate Chief Medical Officer of the Ambulatory and Community Health Network of Cook County, provided an update on transition activities for Oak Forest Health Center. She stated that the Immediate Care Center will be relocating to the E Building. This move is planned to take place by December 1st, however, there have been information technology issues that remain to be resolved.

With regard to September volumes at Oak Forest Health Center, Dr. Anwer Hussain stated that the patient census is declining, as they are seeing roughly 66-70 patients per day; in comparison, Oak Forest Hospital's patient census was previously approximately 95 patients per day.

III. Report from System Chief Medical Officer (continued)**B. Update on Occurrence Reporting System (Attachment #1)**

Mindy Malecki, System Director of Risk Management, provided an update on the Occurrence Reporting System. The Committee reviewed and discussed the information. Following the Committee's discussion, Chairman Ansell recommended that an annual report on the subject be provided to the Quality and Patient Safety Committee and the medical staffs, regarding issues that have led to improvements at the System.

IV. Report from System Chief Clinical Officer

This item was deferred.

V. Report from System Director of Quality and Patient Safety**A. Quality Report****i. Ruth M. Rothstein CORE Center of Cook County (Attachment #2)**

Dr. David Barker, Chief Medical Officer of the Ruth M. Rothstein CORE Center of Cook County, presented the Quarterly Quality Report. The Committee reviewed and discussed the information.

VI. Recommendations, Discussion/Information Items**A. Continuing Education - Presentation on Illinois Hospital Report Card database**

This item was deferred to the December 20, 2011 Quality and Patient Safety Committee Meeting.

B. Reports from the Medical Staff Executive Committees**i. Provident Hospital of Cook County (Attachment #3)**
ii. John H. Stroger, Jr. Hospital of Cook County

Dr. David Goldberg, President of the Executive Medical Staff of John H. Stroger, Jr. Hospital of Cook County, presented his report. At the Executive Medical Staff's November meeting, the CareLink policy was extensively discussed. Additionally, he stated that there was a presentation on the Department of Pathology.

Dr. Anwer Hussain, representing Oak Forest Health Center, presented an update on the transition activities related to Oak Forest Health Center. He stated that the management of the Oak Forest Immediate Care Center will soon transfer to ACHN. With regard to patient census, he stated that from December 2009 to October 2010, the patient volume was 30,257; from December 2010 through October 2011, the patient volume was 26,186. This represents a 13% decline in patient volume. The change in the process from September 1, 2011 resulted in a 22% decline; he stated that he expects the decline to be more pronounced because of the changes. With regard to transfers, there were 131 transfers; the majority of the transfers were to John H. Stroger, Jr. Hospital of Cook County.

Dr. Pierre Wakim, President of the Executive Medical Staff of Provident Hospital of Cook County, presented his report for Provident Hospital. Included in the report were updates on the following: Dr. Quick – Outpatient Cardiac Diagnostic Testing; Update – Five OB Transfers to Stroger Hospital; Nomination Committee 2012; Memorandum of Understanding; Flu Shots in Emergency Department (ED); and Patients held in ED for Admission/Management.

VII. Action Items

A. Minutes of the Quality and Patient Safety Committee Meeting, October 18, 2011

Director Muñoz, seconded by Chairman Ansell, moved to accept the Minutes of the Quality and Patient Safety Committee Meeting of October 18, 2011. THE MOTION CARRIED UNANIMOUSLY.

Chairman Ansell noted that there are follow-up matters for future discussions that were indicated at the Committee Meeting of October 18th; these matters are regarding nurse staffing and the Employee Influenza Vaccination policy.

B. Proposed Academic Affiliation Agreements (Attachment #4)

- i. Renewal of Master Agreements (no fiscal impact)**
- ii. Renewal of Program Addenda (no fiscal impact)**
- iii. New Program Addenda (no fiscal impact)**
- iv. Renewal of Program Addenda (with fiscal impact)**

Dr. John O'Brien, System Chair of Planning, Education and Research, presented the items for consideration. The Committee reviewed and discussed the proposed Agreements. Note: any items with a fiscal impact will be presented to the Finance Committee for consideration.

Director Muñoz, seconded by Chairman Ansell, moved to approve the Proposed Academic Affiliation Agreements (Renewal of Master Agreements, Renewal of Program Addenda and New Program Addenda). THE MOTION CARRIED.

Director Muñoz abstained and voted PRESENT on any Agreements regarding UIC.

C. Any items listed under Sections VI, VII and VIII

VIII. Closed Session Item

A. Medical Staff Appointments/Re-appointments/Changes (Attachment #5)

Note: the Committee did not recess the regular session and convene into closed session.

Director Muñoz, seconded by Chairman Ansell, moved to approve the Medical Staff Appointments/Re-appointments/Changes. THE MOTION CARRIED UNANIMOUSLY.

IX. Adjourn

As the agenda was exhausted, Chairman Ansell declared the meeting ADJOURNED.

Quality and Patient Safety Committee Meeting Minutes

Tuesday, November 15, 2011

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Respectfully submitted,
Quality and Patient Safety Committee of the
Board of Directors of the
Cook County Health and Hospitals System

XXXXXXXXXXXXXXXXXXXXXX

David Ansell, MD, MPH, Chairman

Attest:

XXXXXXXXXXXXXXXXXXXXXX

Deborah Santana, Secretary

Cook County Health and Hospitals System
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ATTACHMENT #1

GE/MERS Electronic Occurrence Reporting System

Implementation Status

November 15, 2011

Transition from Paper Reporting to Electronic Reporting

- Purchased system in August 2011
- Began implementation in September
- System wide participation

System Wide Participation

- Stroger Hospital
- Provident Hospital
- Oak Forest Health Center
- Ambulatory Clinics
- Cermak Health Services
- Core Center
- Cook County Department of Public Health

Work Groups

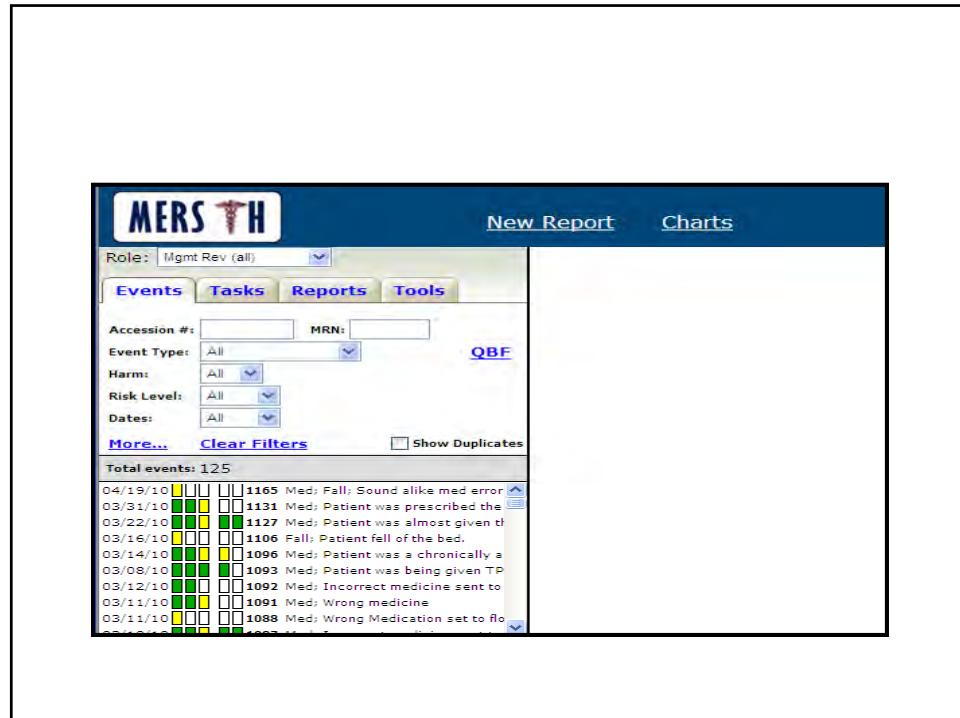
- Anesthesia
- Behavioral Health
- Biomed
- Dietary
- Education
- Facilities
- Health Information Systems
- Laboratory
- Medical Staff
- Nursing

Work Groups (continued)

- Pathology
- Patient Relations
- Quality Management
- Pharmacy
- Radiology
- Risk Management
- Safety
- Security
- Surgery

Patient Safety / Risk Reduction Benefits

- Ease of reporting
- Ability to review incidents in real time
- Accountability for quality and safety will be primarily with managers
- Membership in GE Patient Safety Organization (“PSO”) allows benchmarking



Timeline

- Training of Administrators began last week
- Cermak training will be completed this month
- Live at Cermak December 19, 2011
- Manager training begins January 2012
- User training begins January 2012
- Live at Stroger February 6, 2012

Cook County Health and Hospitals System
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ATTACHMENT #2

Ruth M. Rothstein **C O R E**



November 2011 Quality and Patient Safety Committee Report

Dave Barker, MD, MPH – CORE Chief Medical Officer

Elements of this 2011 Report

I. Access: Time to next appointment

- Hepatitis clinic and Dental clinic

II. Patient Satisfaction Survey – 2010 and 2011

- CCHHS System wide initiatives

III. Progress toward System QI on HIV testing

- Meaningful use of electronic reminders for syphilis and HIV testing.

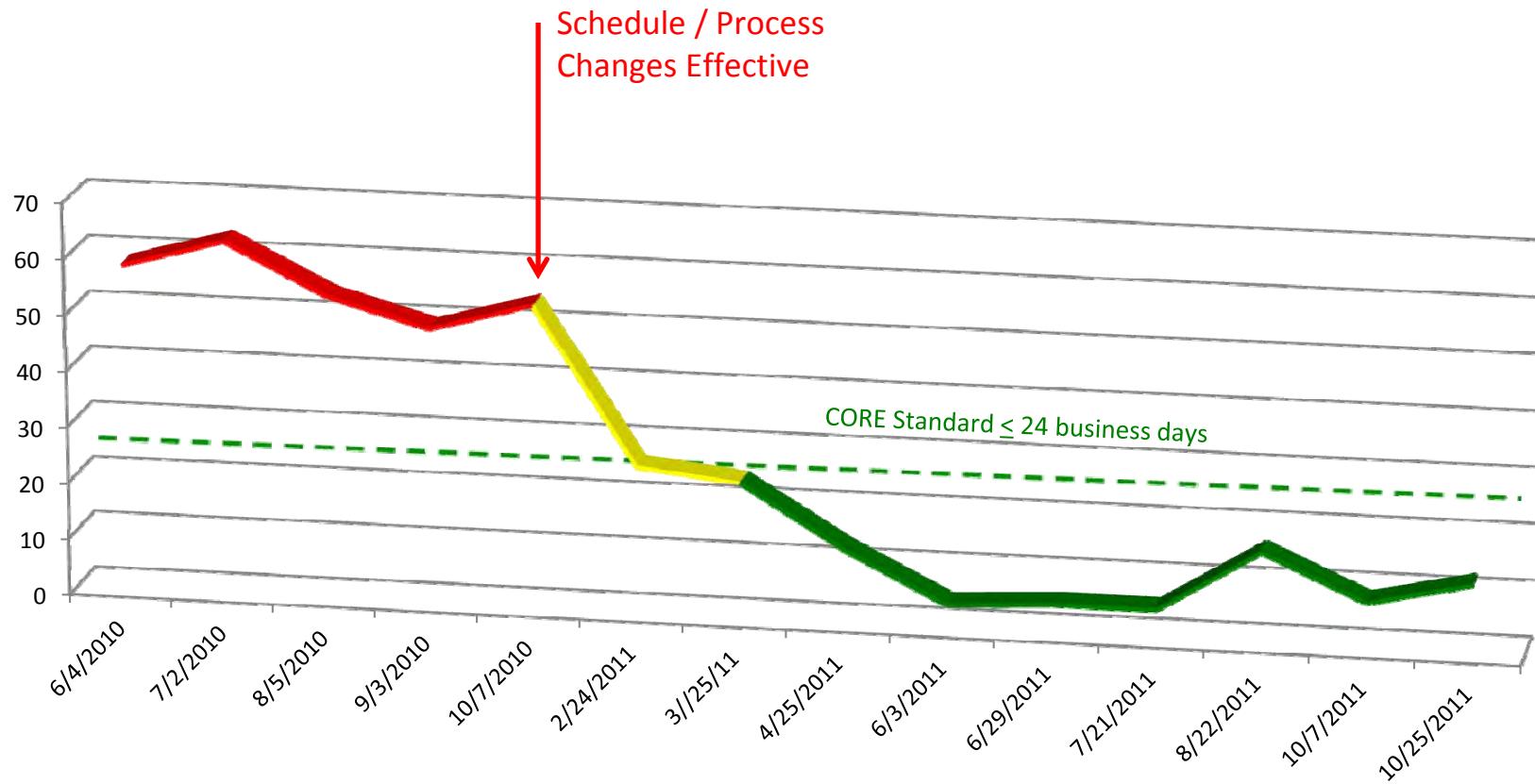
I. New Patient Access

HIV Primary care & HIV Specialty Time to Next New Dashboard

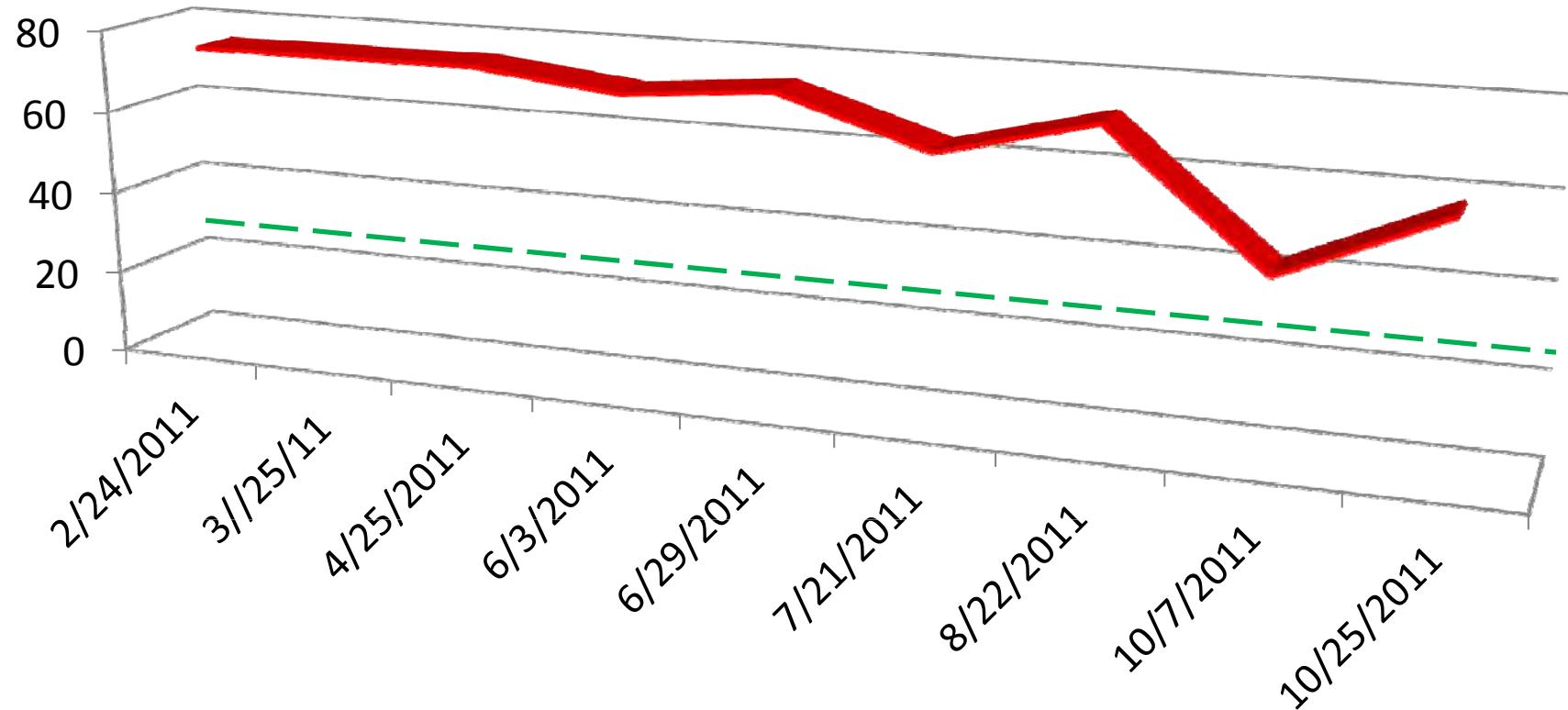
U37													
1	Ruth M. Rothstein CORE Center - Dashboard			Time to next new Appointment									
2	Service >>> Date checked		2/24/2011	Business Days									
3	HIV Primary Care CORE Standard		≤ 10 business days										
5	Adult HIV Primary Care	3/7/2011	7	Business Days	7/21/2011	Business Days	8/22/2011	Business Days	10/7/2011	Business Days	10/25/2011	Business Days	
6	Women's HIV Primary Care	2/25/2011	1		1	7/22/2011	1	8/29/2011	5	10/20/2011	8	11/7/2011	9
7	Bilingual HIV Primary Care	3/3/2011	5		2	7/22/2011	1	8/23/2011	1	10/11/2011	1	10/28/2011	3
8	Continuity (Correctional) Care	3/16/2011	16		4	7/28/2011	5	8/25/2011	3	10/13/2011	3	10/27/2011	2
9					3	8/3/2011	9	8/31/2011	7	10/12/2011	2	10/26/2011	1
10	Specialty >>> Date checked			Business Days		Business Days		Business Days		Business Days			
11	CORE HIV Specialty Standard		≤ 24 business days										
12	HIV Dental	6/3/2011	75	Business Days	74	10/13/2011	63	12/8/2011	72	12/8/2011	42	1/19/2012	58
13	HIV Heme Onc	3/2/2011	4		8	8/10/2011	14	9/14/2011	17	12/19/2011	7	11/2/2011	6
14	HIV Nephrology	3/1/2011	3		7	8/23/2011	23	9/20/2011	20	11/15/2011	26	12/20/2011	38
15	HIV Neurology	3/8/2011	8		21	8/9/2011	13	9/12/2011	13	10/31/2011	15	11/8/2011	10
16	HIV OB/Gyne	3/2/2011	3		3	7/26/2011	3	8/23/2011	1	10/11/2011	1	10/26/2011	1
17	HIV Psychiatry*	3/7/2011	7		17	8/8/2011	12	8/30/2011	6	10/24/2011	10	11/2/2011	6
18	HIV Dermatology				27	9/13/2011	39*	10/4/2011	29	11/29/2011	36	12/20/2011	38
19	CORE Hepatitis Clinic	4/7/2011	26	Business Days	5	7/28/2011	5	9/15/2011	16	10/20/2011	8	11/10/2011	12
20	CORE Infectious Diseases	3/1/2011	3		2	8/9/2011	13	9/14/2011	14	10/11/2011	1	11/1/2011	5
21	OPAT IV ABX	4/14/2011	35		29	9/8/2011	35	9/22/2011	21	10/13/2011	3	11/10/2011	12
22													
23	*Psychiatry service also provides walk-in urgent evaluation on sc												
24													
25													
26													
27													

1. Access within acceptable limits for all primary care – adverse trend for Adult clinic possibly driven by increased testing
2. HIV Nephrology temporary, HIV Dermatology is new service will address
3. Prior problem with Hepatology resolved
4. HIV Dentistry – new expanded clinic finished in July 2011

Time to Next CORE Hepatitis



Dental Time to Next New



Medicaid pays for dental services, 38% of CORE patients have Medicaid.
Lack of Dental care a cause of loss of patients to community clinics.

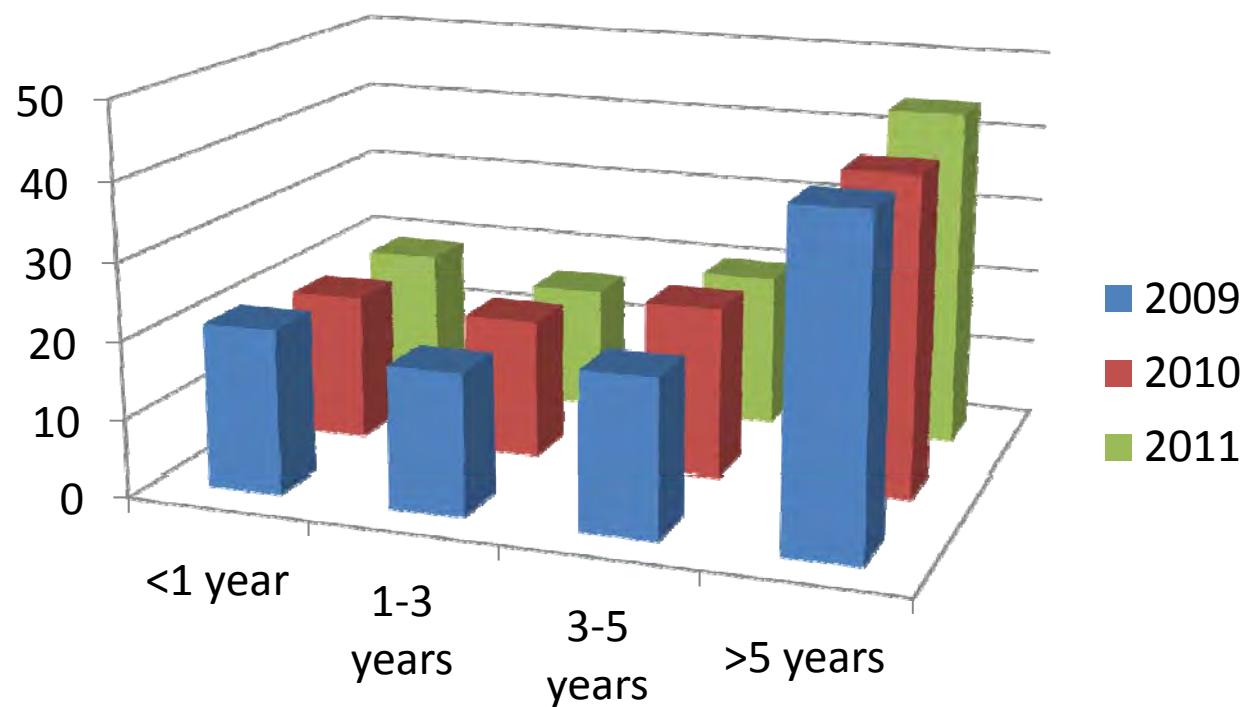
Dentist and Dental Assistant Positions approved in August

II. 2010 & 2011

Patient Satisfaction Surveys

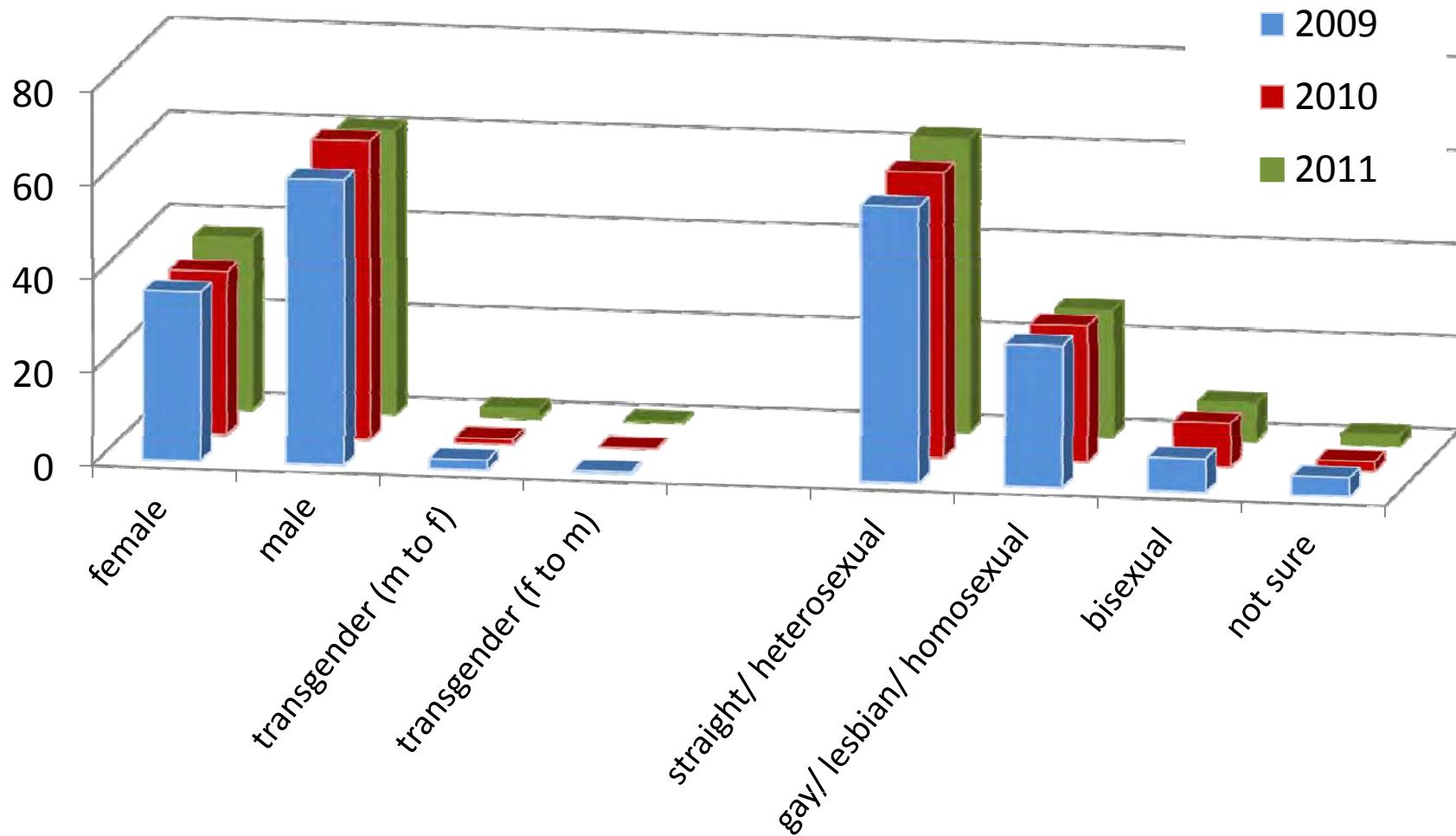
- Based on HRSA/HAB – NYSDOH AIDS Institute/HIVQUAL national models
- CORE Survey recognized by HRSA as national “Best Practice” by Ryan White Part D
- Scantron format (fill in the bubble) for past three years – Main survey plus 1 or 2 , 8-16 question modules
- Annually conducted since 1994 – **One half of patients participating in the 2011 study were being seen in temporary clinic space due to a facility rebuilding project.**
- Survey of 400-500 patients, a convenience sample of those waiting to be seen, skews toward sicker, less connected, newer patients being seen as walk-ins.
- All HIV primary care sessions sampled in English and Spanish aided by trained peer educators. Candy bar and entry into \$50 gift card raffle for participating.

Years in clinic



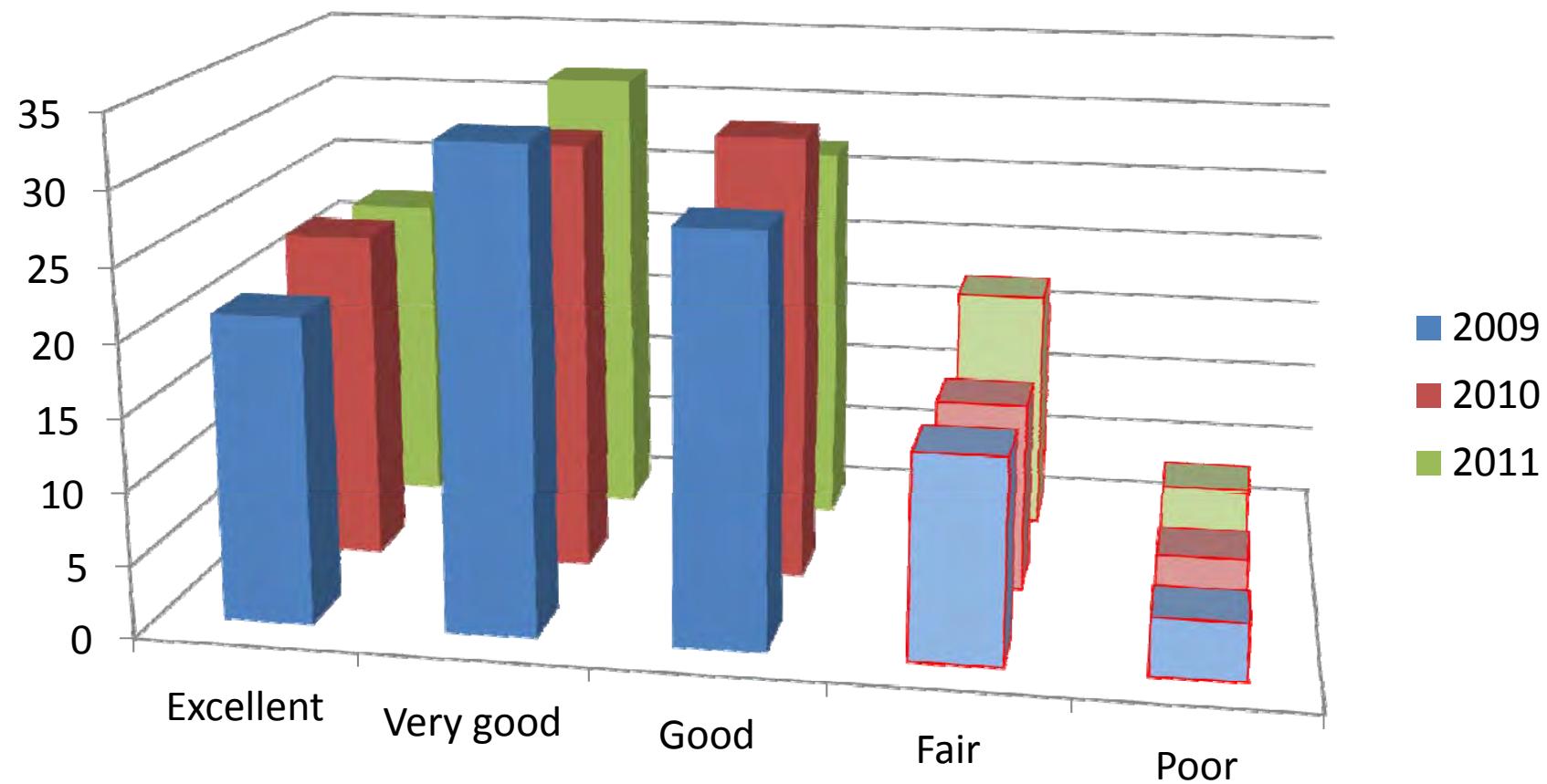
Long term clients tend to be healthier and have fewer appointments and be underrepresented in a convenience sample. This demonstrates retention in care even in this survey sample

My gender is... My sexual identity is...



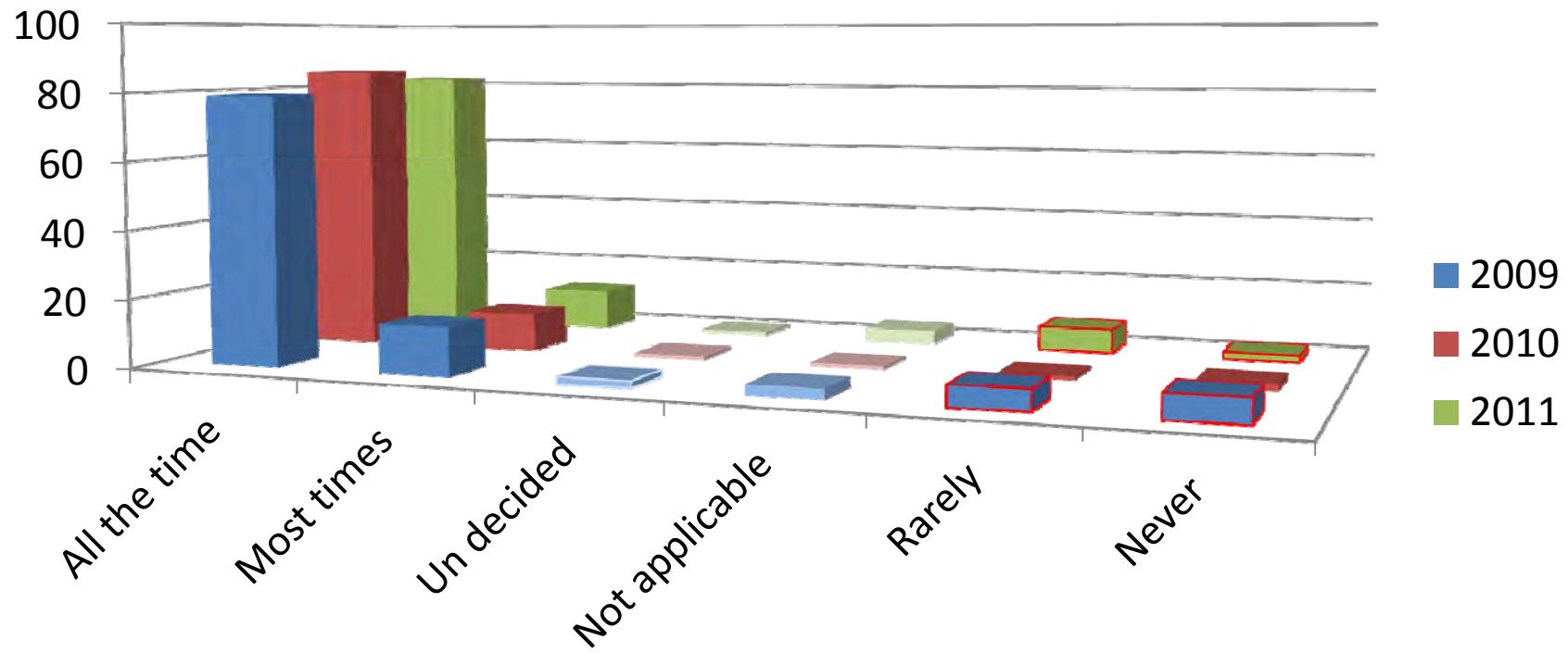
High degrees of diversity in multiple dimensions

Self Perception of Health



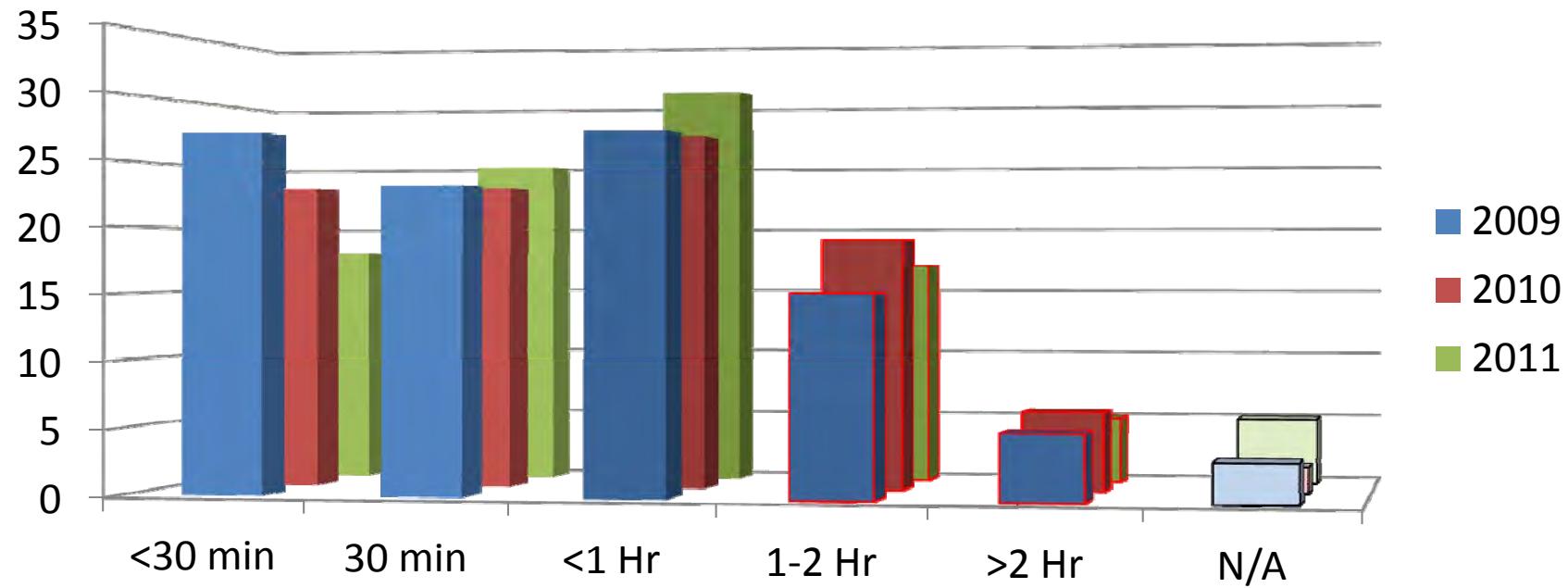
All patients in this survey are HIV positive

When I needed an appointment I could get one soon enough to meet my needs



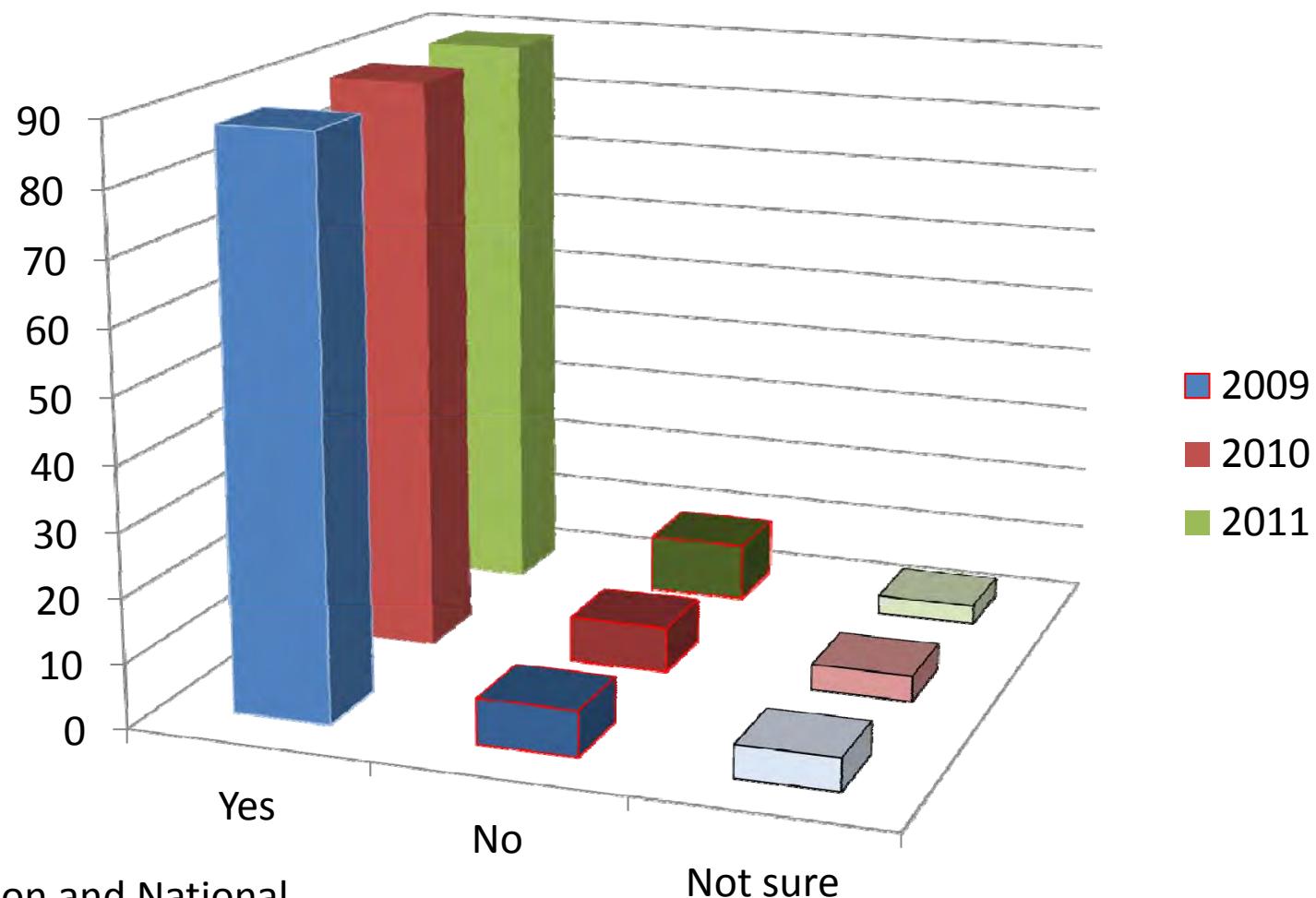
Speaks to access for established patients

Wait time at scheduled appointment



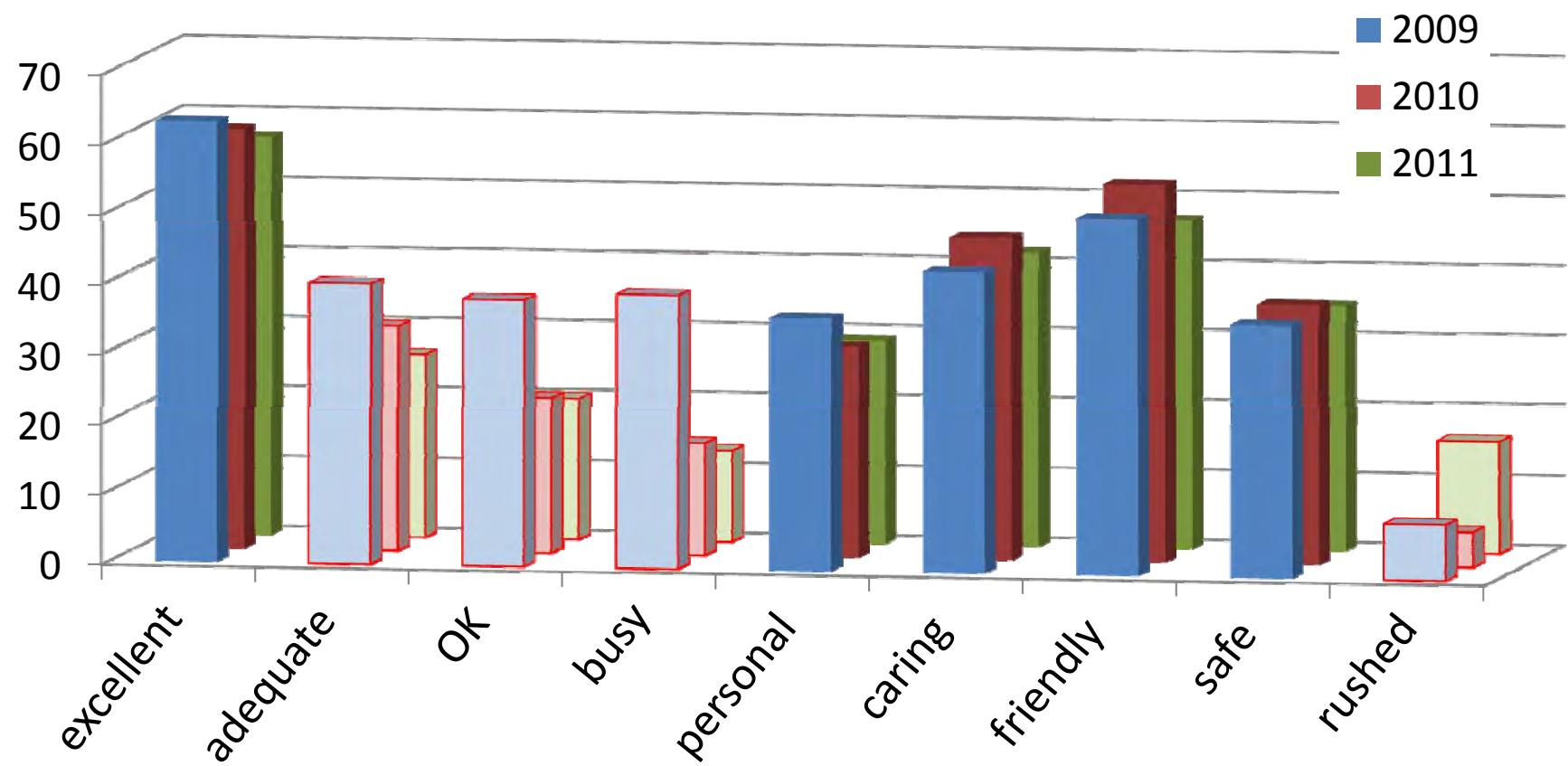
Negative skew of waiting time from <30 min toward <1 hour
We will be conducting a time-steps study in 2011-2012

My providers talked to me about how to avoid passing HIV to other people AND how to protect myself from getting infected again with HIV.



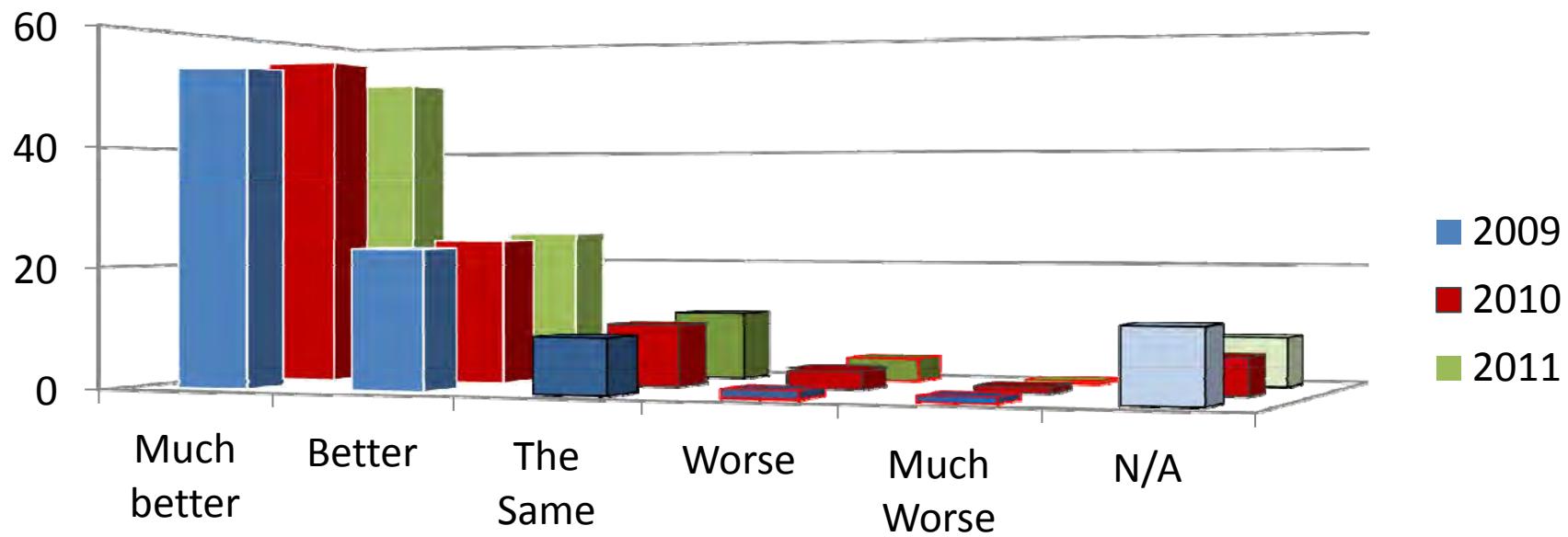
Patient education and National
Prevention for Positives initiatives

When I think about my care at CORE, these words come to mind (select all that apply)...



Positive skew for “adequate” “OK” and “Busy”.
“Excellent”, “Friendly”, and “Caring” consistently most chosen

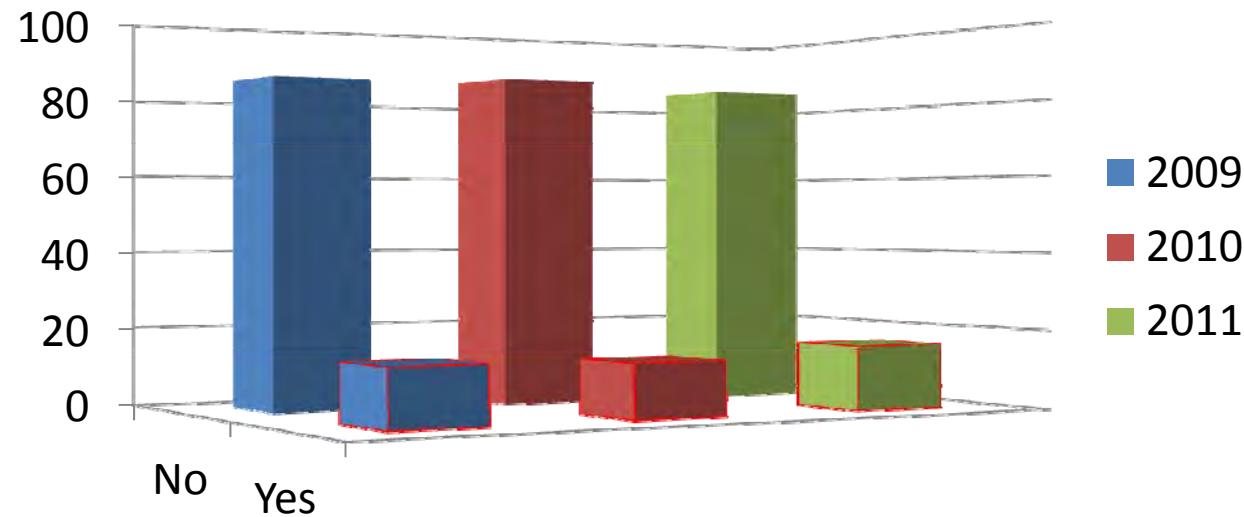
Compared to other clinics I know about, I would rate the quality of care at CORE as...



The “Poorly Treated” Question

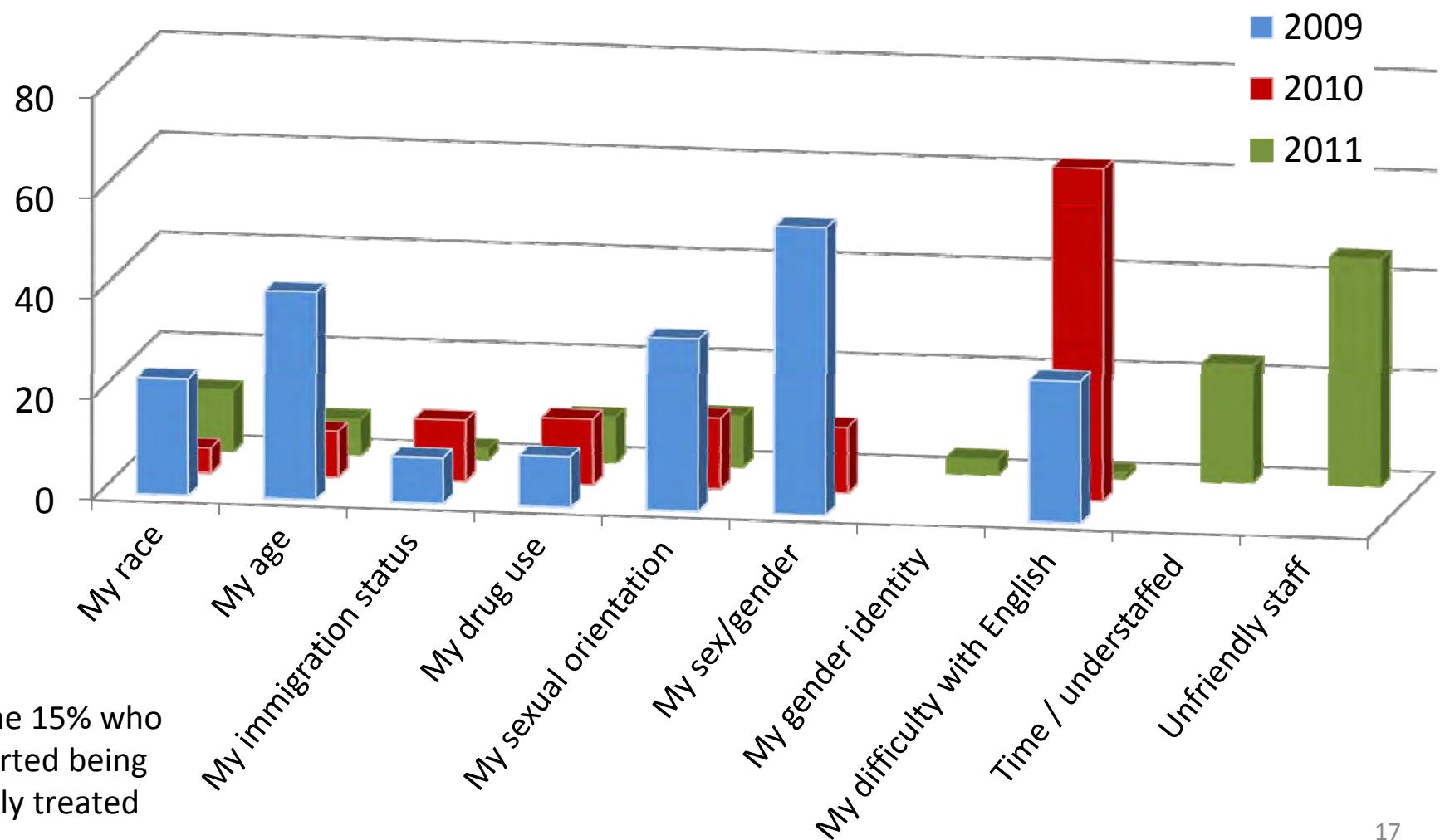
- 2009
 - At any point, did you feel treated poorly at CORE?
- 2010 & 2011
 - At any point in the last year, did you feel treated poorly at CORE?

Ever Poorly Treated?

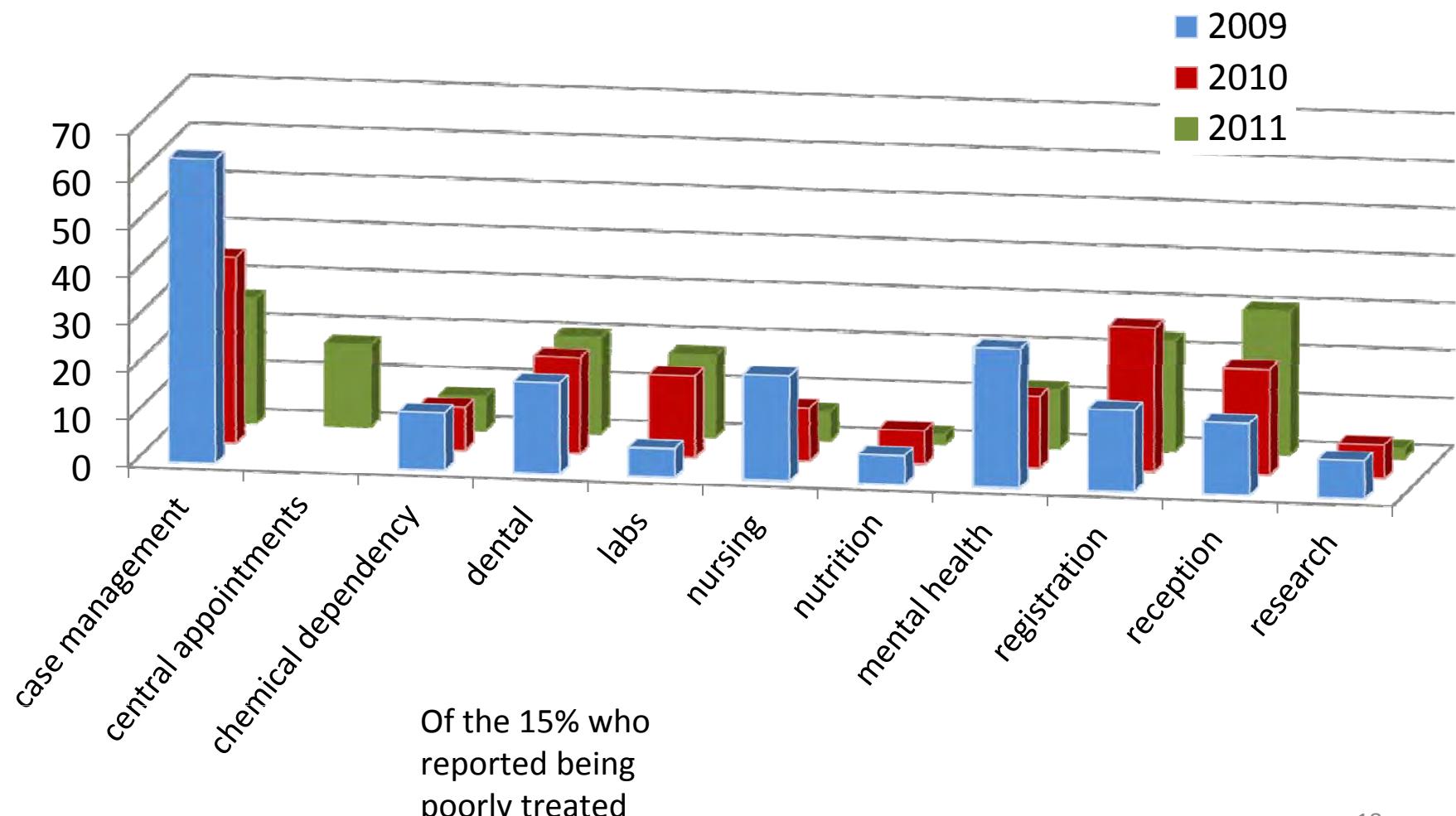


80% to 85% of patients report not having been poorly treated at CORE

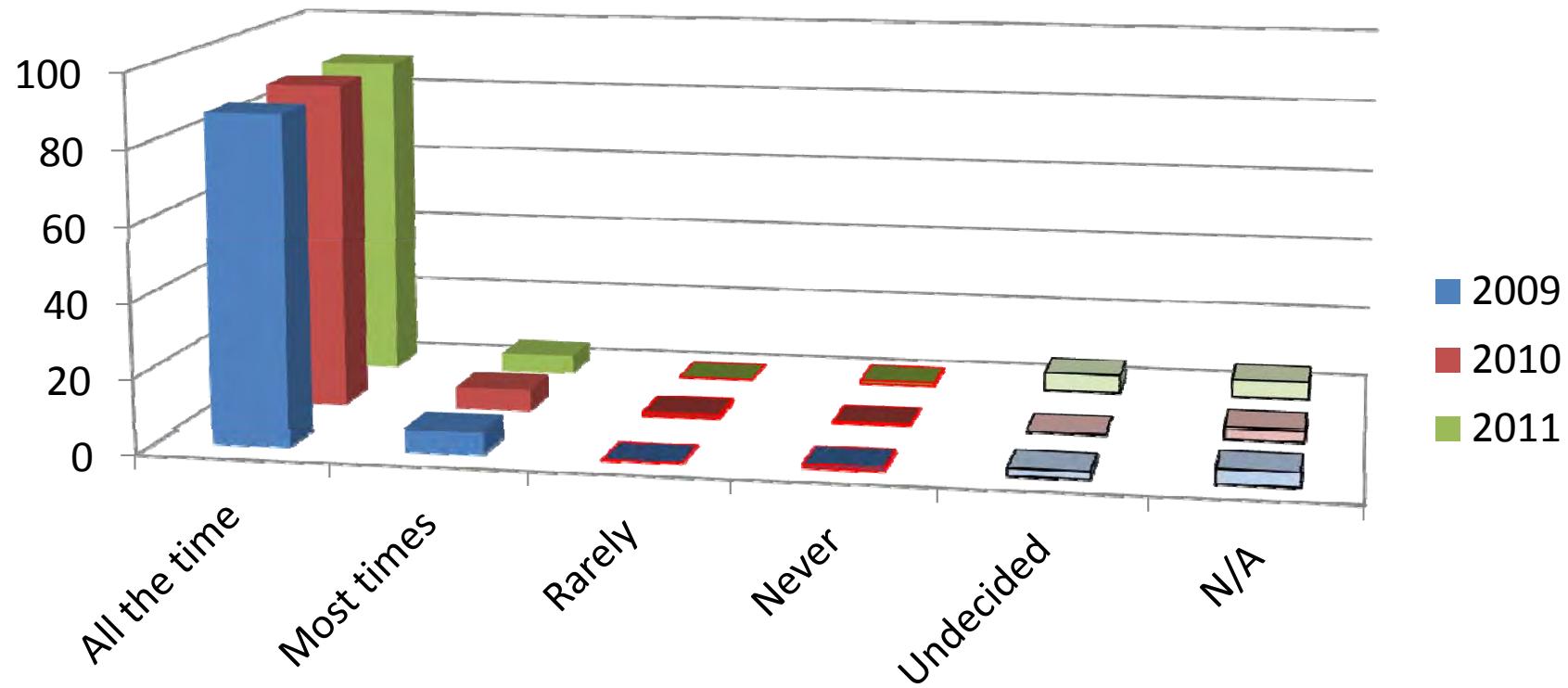
If yes, please help us understand why by checking any of the reasons you feel may have caused you to be treated poorly. (Select all that apply)



...please identify the department(s) in which you felt treated poorly (check all that apply).

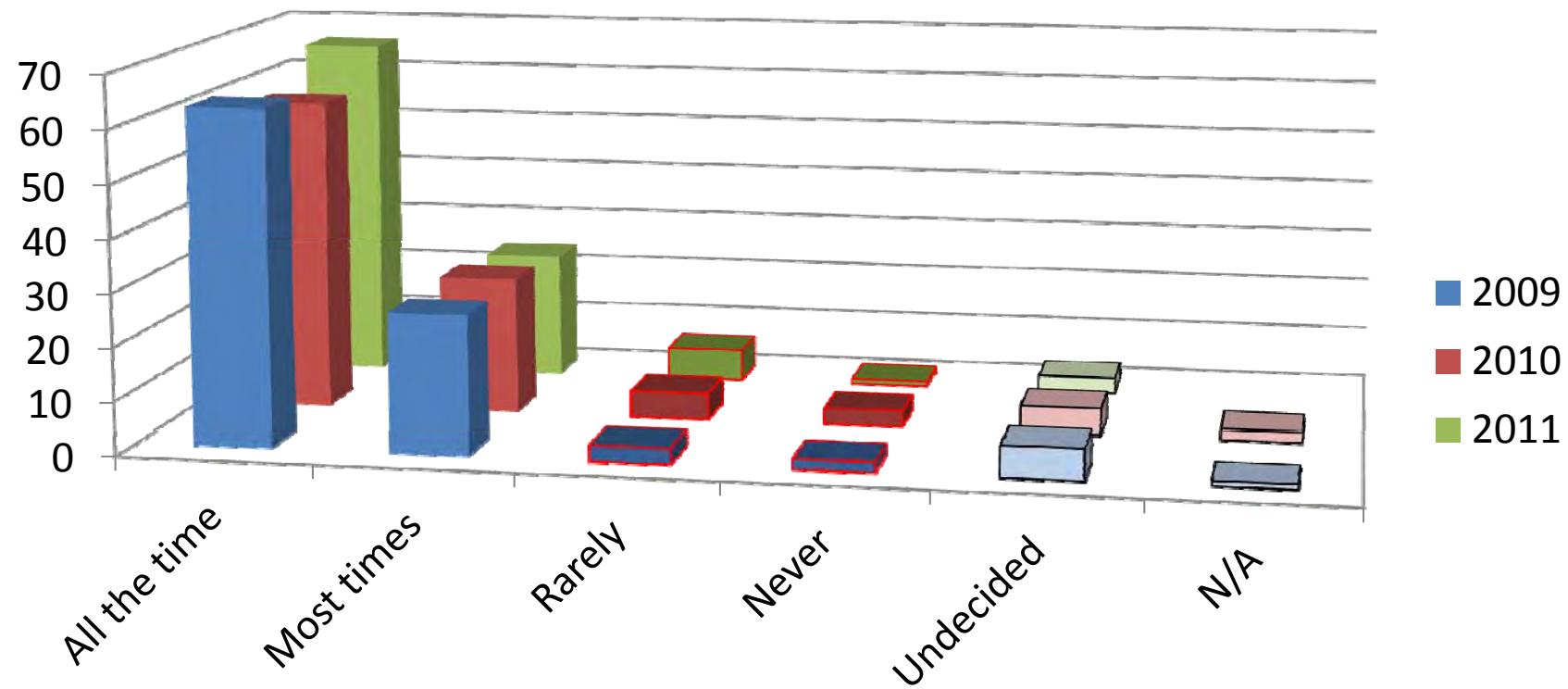


I got the services in the language I wanted.



CORE has special sessions for Spanish speakers, has a Spanish translator, and TDD, and uses other translators by appointment and has immediate access to Language-Line

CORE's registration/ reception staff was professional.



Future steps – Patient Satisfaction

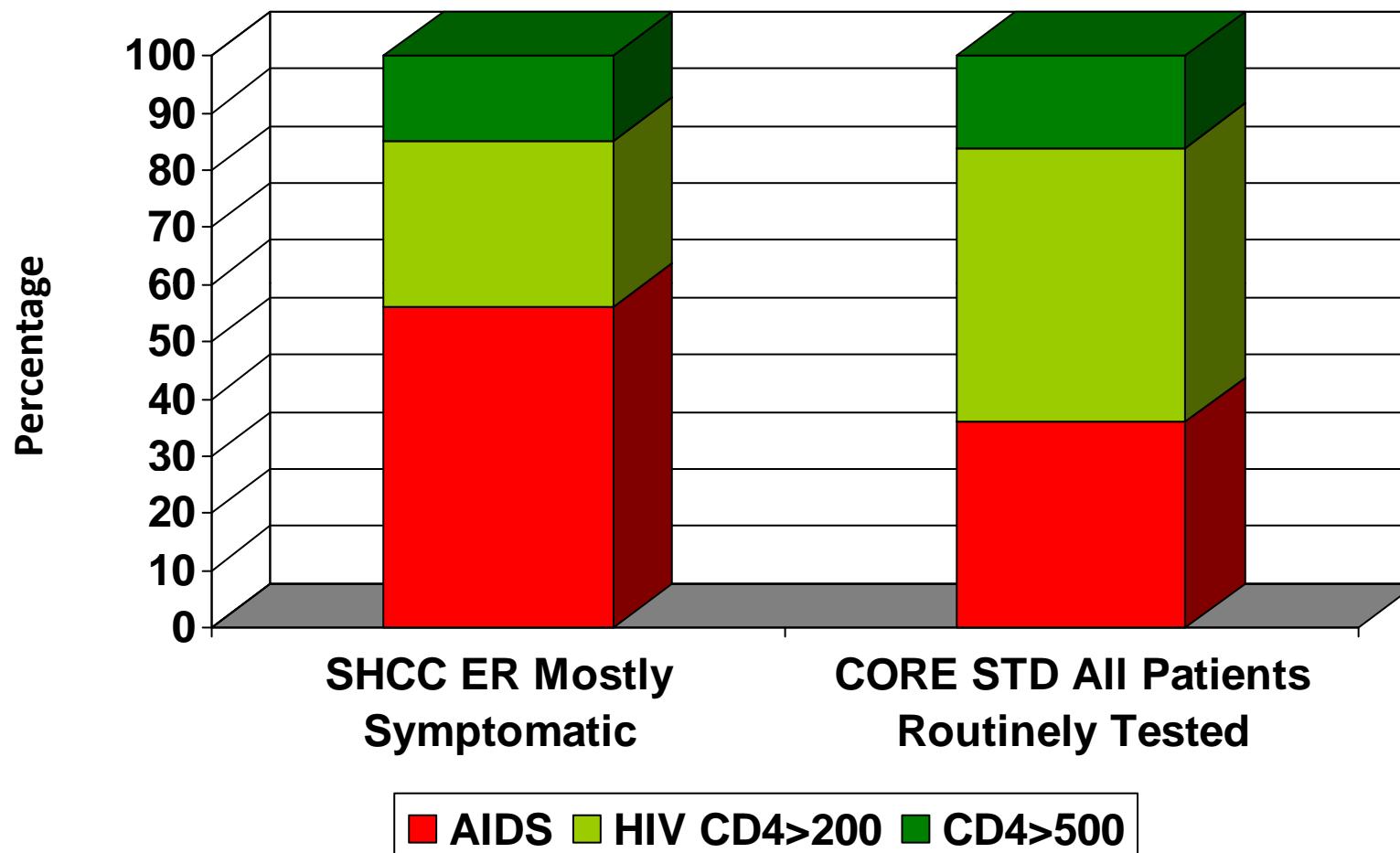
- Time in motion / Timed steps study to identify and address steps that slow down visits @ CORE
- Other three HIV Outpatient programs in CCHHS – Provident, SSHARC, Austin - have adapted CORE type Patient Satisfaction Surveys – comparability data in 2012, part of our joint move toward System-wide Excellence in HIV Care.
- Move to quarterly surveys to have more timely data on trends.
- LGBT group meeting to address sensitivity / patient needs.

III. Routine HIV Testing

Meaningful Use of EMR for Clinician Reminders.

- Nationwide testing of everyone for HIV part of National AIDS Strategy
 - Saves lives – AIDS still kills more than 15,000 Americans per year.
 - Prevents further transmissions – most people decrease risky encounters by 50-68% once dx'd
 - Likely to be future benchmark for hospitals and healthsystems
- Health Educator facilitated Rapid Testing not cost effective \$30 vs. lab based ELISA \$3-5
 - Historically at CCH most testing was done by CORE employed Health Educators

Routine HIV Testing Identifies Infection Earlier in CCHHS in 2008



ER patients with AIDS had average of 5 prior CCHHS encounters

CORE Experience with Syphilis testing rule for HIV+ Patients

- Annual Syphilis Testing a QI standard for HIV+
- Providers receive personal “performance reports” on ordering – got up to 91% tested
- Created automated rule to add RPR for HIV+ patients in 2004, since Outpatient MDs not using CPOE – not effective
- Trigger is HIV RNA Quant – since this test almost never ordered except in HIV+ patients
- In 12/2010 CORE CMO/CNO revised policy to have Lab Clerk add test when reminder rule appears.

EST, TEST X

T, TEST 04017540c	Age: 28 years DOB: 9/9/1983	Sex: Female	Loc: Core Screening Fin #: 0708874755
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PowerOrders

[TEST, TEST - Add Order](#)

TEST, TEST MR: 00401...	Age: 28 y... DOB: 9/9/...	Sex: Fem... Loc: Core Screening Fin #: 0708...	Allergies: No Known ... Outpatient [10/26/201...
----------------------------	------------------------------	--	---

Find: ... Starts with ▼ Advanced Options ▼ Type: ... Ambulatory (Meds as Rx) ▼

... Folder: Search within: All At location: CORE

Orders for Signature

Orders

- Admit/Discharge
- Condition
- Vital Signs
- Activity
- Diet
- Nursing Orders
- Continuous
- Medications
- Respiratory
- Laboratory
- Radiology
- Cardiology
- Diagnostic Tests

HIV 1/2 Ab Screen (Pt. <2 Years old)
HIV 1/2 Antibody Screen
 HIV Annual Visit
 HIV Follow-up
 HIV New Patient
HIV RNA Quant (Prenatal)
[HIV RNA Quantitative](#)
 HIV-1 P24 Antigen

HIV RNA Quantitative

TEST, TEST - 004017540c Done

Insulin lisophane (Humalog NN)	Ordered	20 units SQ Q. Dose time; plexcchnfagmp5, Constant In
<input checked="" type="checkbox"/> raltegravir	Ordered	400, MG, PO, BID, 60, TAE

Age:28 years Sex:Female Loc:Core Screening
 DOB:9/9/1983 Fin#:0708874755 Allergies: N
 Outpatient [10/26/2011]

TEST, TEST - Add Order

TEST, TEST Age:28 y... Sex:Fem... Loc:Core Screening Allergies: No Known ...
 MR:00401... DOB:9/9/... Fin#:0708... Outpatient [10/26/2011]

Find: [] Starts with [] Advanced Options [] Type: [] Ambulatory (Meds as Rx) []
 Folder: [] Search within: All [] At location: CORE []

HIV 1/2 Ab Sc Discern: []
 HIV 1/2 Antibc []
 HIV Annual []
 HIV Follow- []
 HIV New P. []
 HIV RNA Quar []
HIV RNA Quar []
 HIV-1 P24. []

RPR Alert

Your patient has not had an RPR in 1 year. An RPR order will be generated unless you de-select the order below.

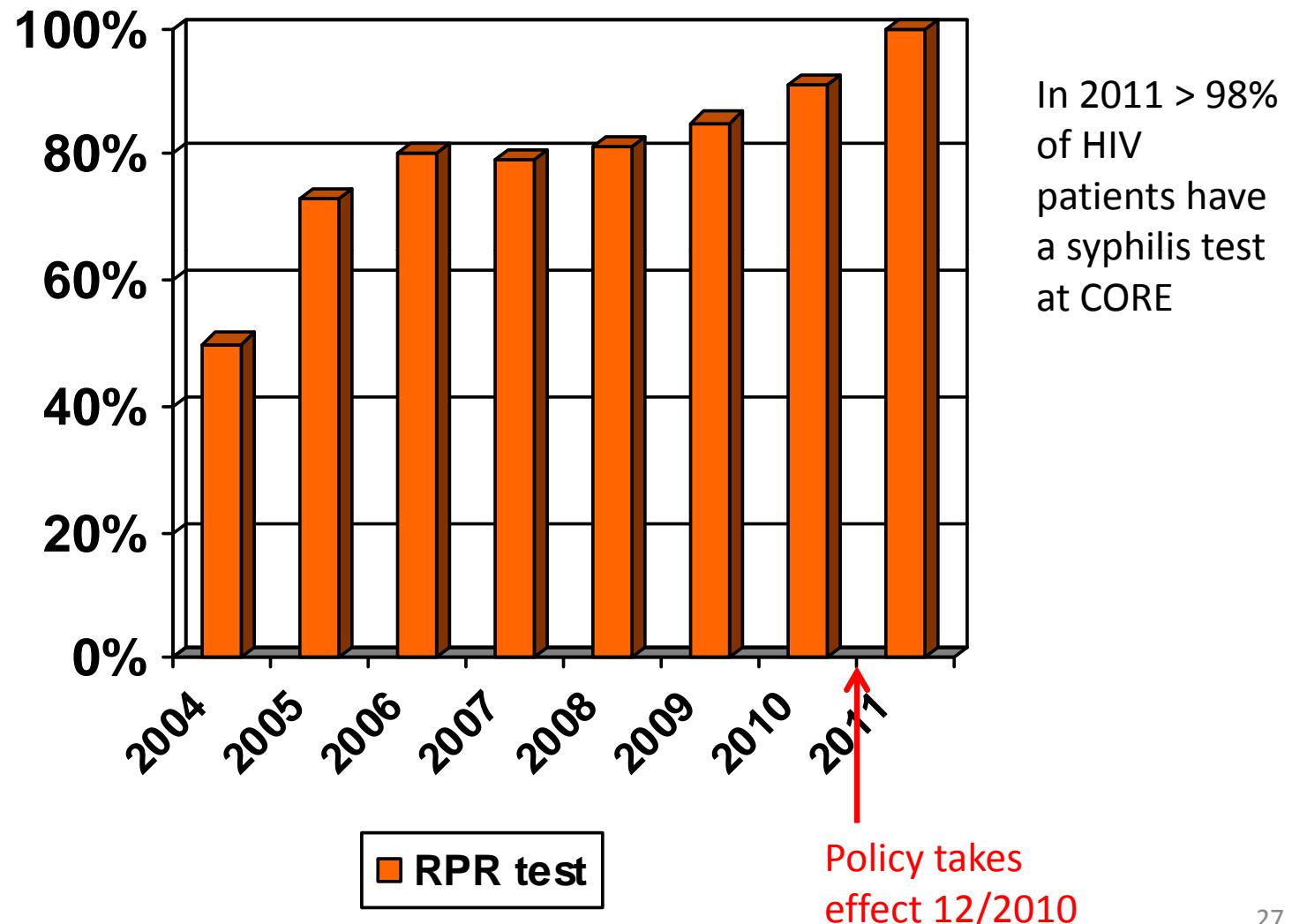
Add Order for:

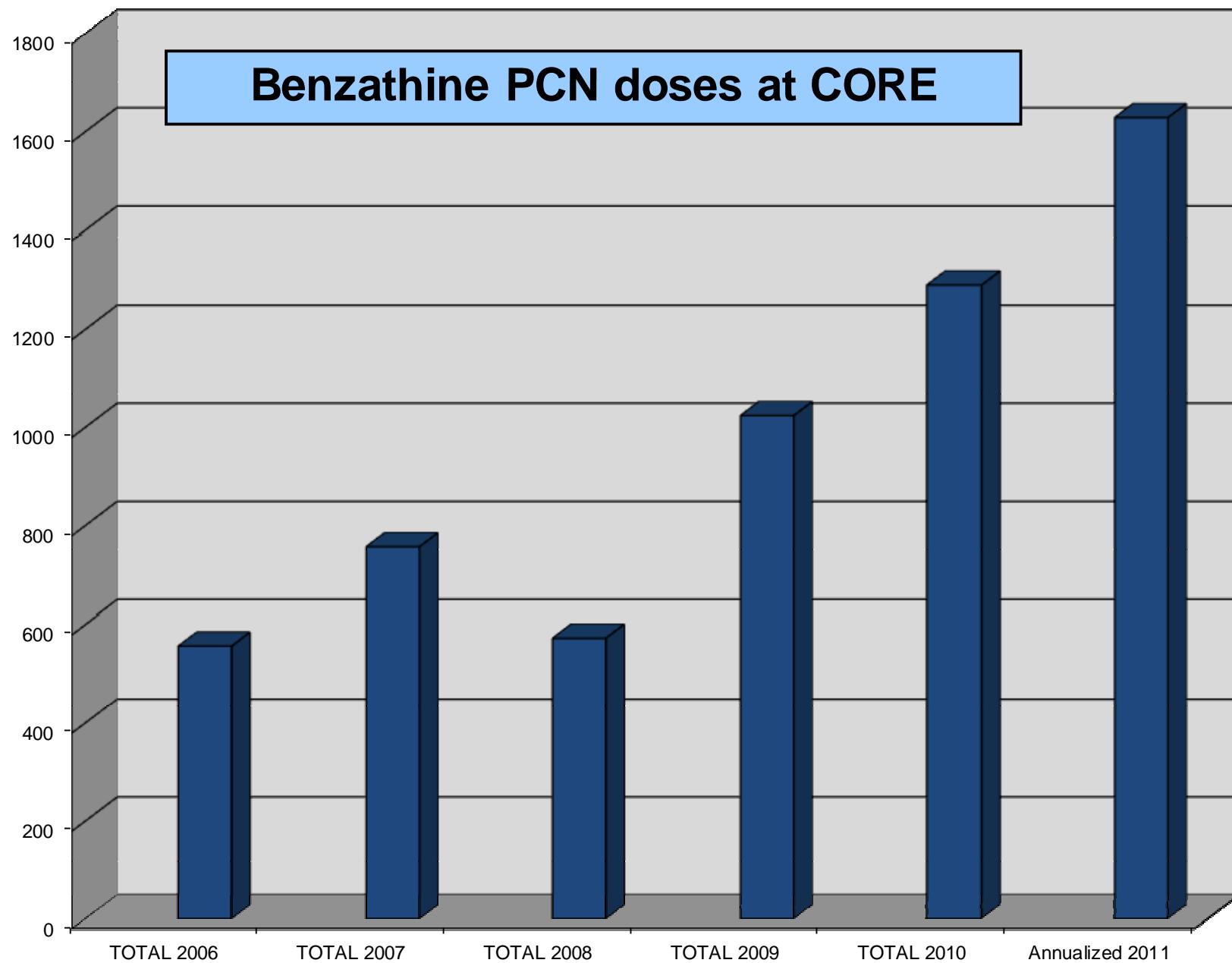
RPR-Rapid Plasma Reagin Test

OK

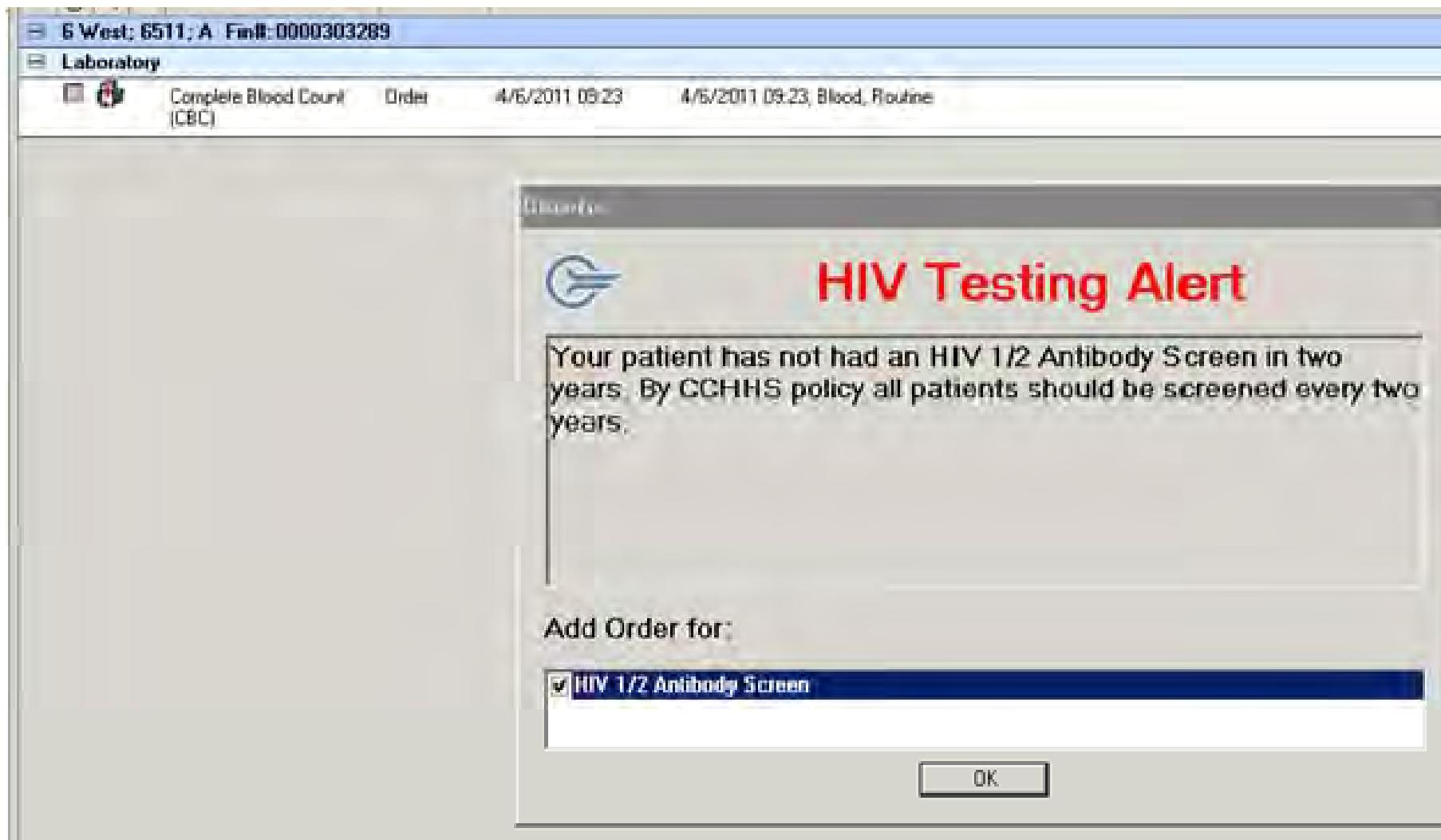
<input checked="" type="checkbox"/>	doxazosin	Ordered	PO, Bedtime, 3, 07/29/11 12:34:14, Maintenance, 3, rxccchnfagmpE week, then 2 mg at bedtime, 3, MONTH, 90
<input checked="" type="checkbox"/>	cephalexin (cephalexin monohydrate 500 mg	Ordered	500, MG, 1, CAP, PO, QID, 56, CAP, 07/29/11 12:31:02, Maintena

Percent of regular patients @ CORE with Annual RPR testing.





Created plan to use Cerner to remind MDs to order HIV testing – 2009-2010
Went live on May 10th, 2011

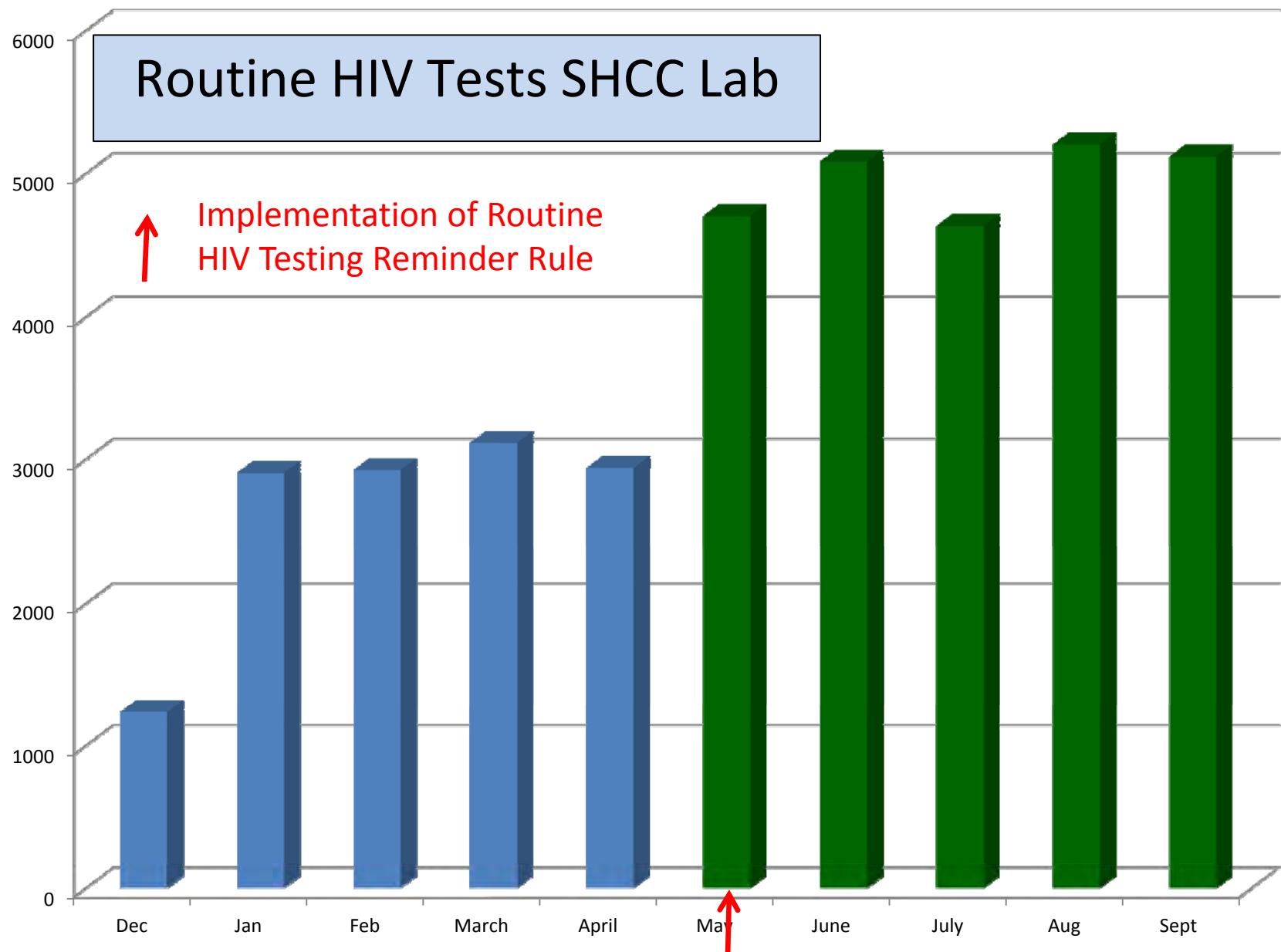


- Trigger is any lab test with blood as a specimen type
- Looks for any positive HIV test
- Then looks for any negative HIV test in past two years (730 days)
- Then looks for active order for HIV test – not yet resulted (current encounter).
- Finding none it displays reminder.
- Reminder can be closed without ordering, but will pop-up again with next order.
- Best coping for clinician is to order test (convince patient to agree) once ordered inhibited for current encounter, once negative inhibited for two years.

If you click OK, click verbal consent obtained (yellow required field) and then click Yes.

This is the minimal documentation needed for consent.

The screenshot shows a software interface for managing medical orders. On the left, a sidebar lists various order types: Admit/Discharge, Condition, Vital Signs, Activity, Diet, Nursing Orders, Continuous Infusion, Medications (which is checked), Respiratory Therapy, Laboratory (which is checked), Radiology, Cardiology, Diagnostic Tests, Consults/Referrals, and Procedures. Below this is a 'Related Results' section. The main panel is titled 'Laboratory' and shows an order for an 'HIV 1/2 Antibody Screen' dated 5/9/2011 19:04. The order details include: Requested Start Date/Time [5/9/2011 19:04], Specimen Type [Blood], Collection Priority [Routine], and Verbal Consent Obtained? [Yes]. The 'Yes' option is highlighted with a yellow background. To the right, a 'Detail values' section shows 'No' and 'Yes' as options, with 'Yes' being the selected value. At the bottom right of the main panel is a 'Sign' button.



Total HIV Tests Stroger Campus
Documents transition to Routine Testing
As CDC ended funding for Rapid Testing in ER

Rapid ER CORE STD Rapid ASC Routine

Percent of people being tested
routinely in ER went from 5% to 25%
in Spring 2011

30000

20000

10000

0

2008

2009

2010

2011*

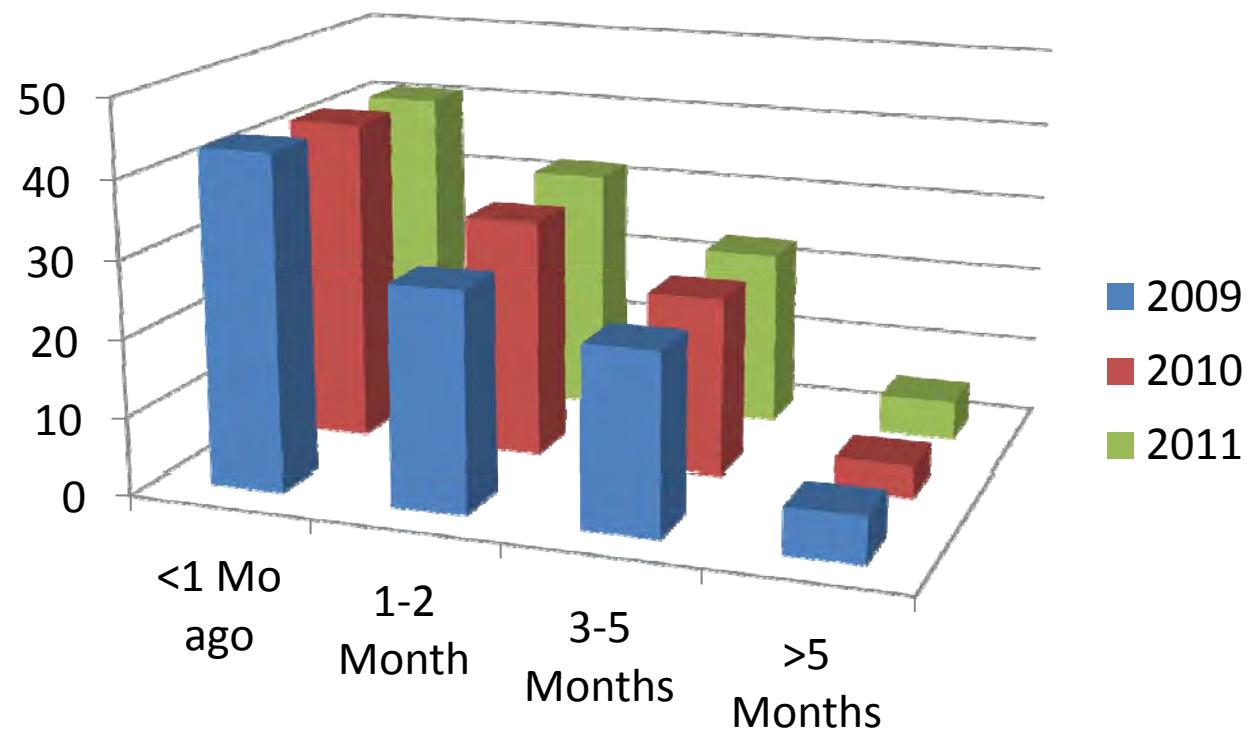
33

Many thanks

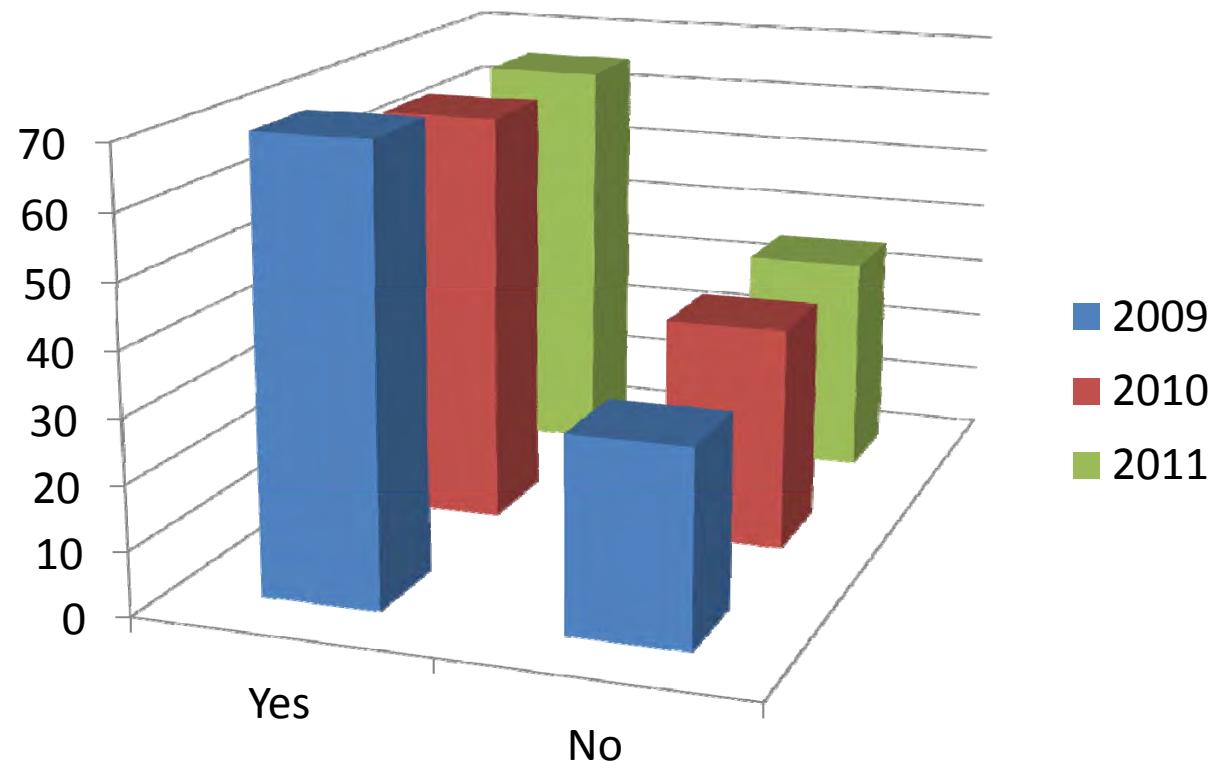
- Jennifer Catrambone – CORE QI Director and CORE QI Committee for PSS design and Data
- CORE Peer Educators for conducting and patients for taking the PSS
- Clay Caquelin HIS for HIV Testing Rule design, Dr. Mason for support
- Dr. W. Niklinski and Dr. K. Beavis in Pathology, Dr. Ron Lubelcheck, Dr. Sabrina Kendrick, and Marisol Gonzalez for HIV Rapid Testing data
- T-C Hu and Dr. Enrique Martinez for data on unique CCHHS patients
- Rick Grant for data on syphilis treatment at CORE
- Drs. Jeff Schaider and Jordon Moskoff for supporting HIV testing in the ER
- Gastroenterology, and ID attendings, and CORE NP and RN staff for process changes for Hepatology clinic
- Dr. Jack Kowalski for many years of leadership as CORE Associate Medical Director, Co-Chair of CORE QIC, teacher, mentor, and friend.

Back-up slides

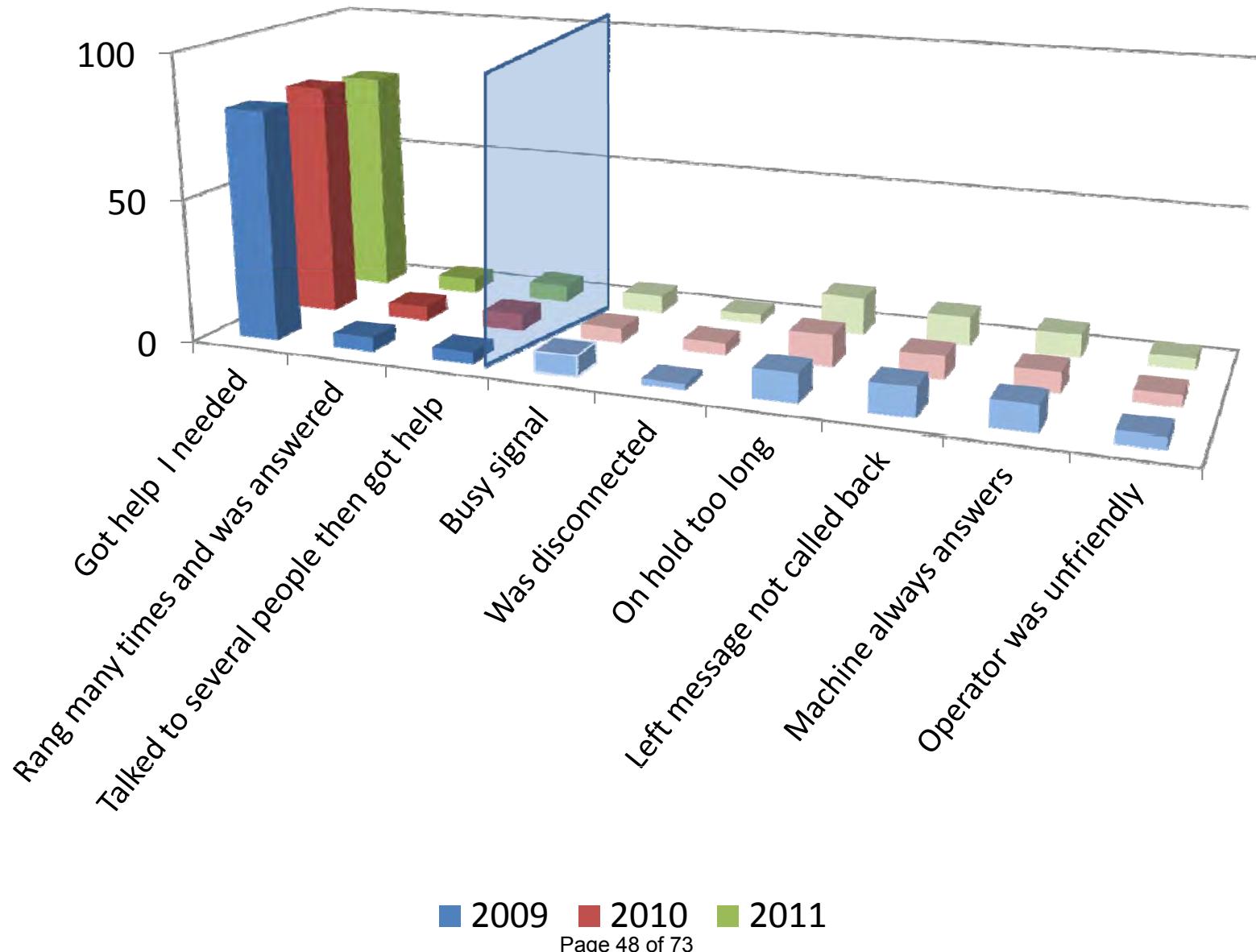
Last prior clinic visit



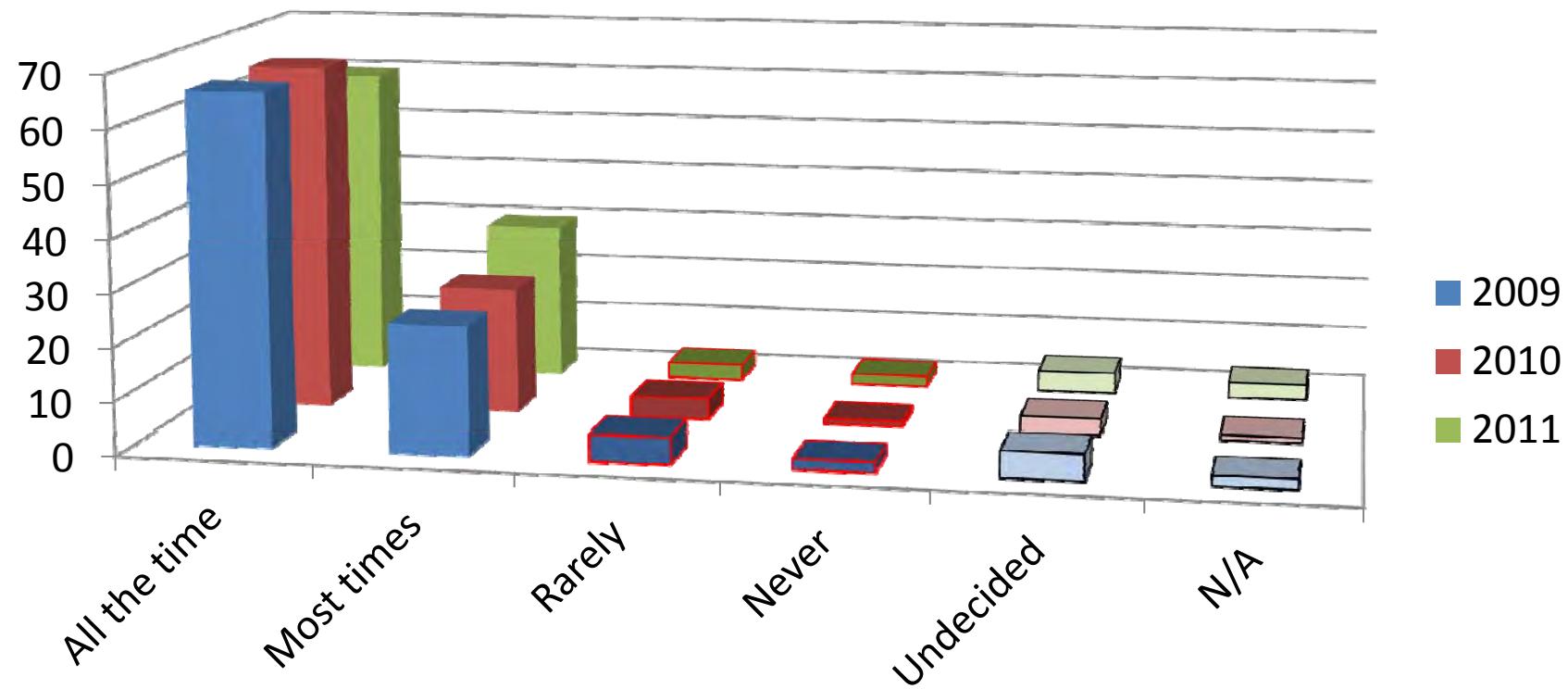
Ever called CORE Center?



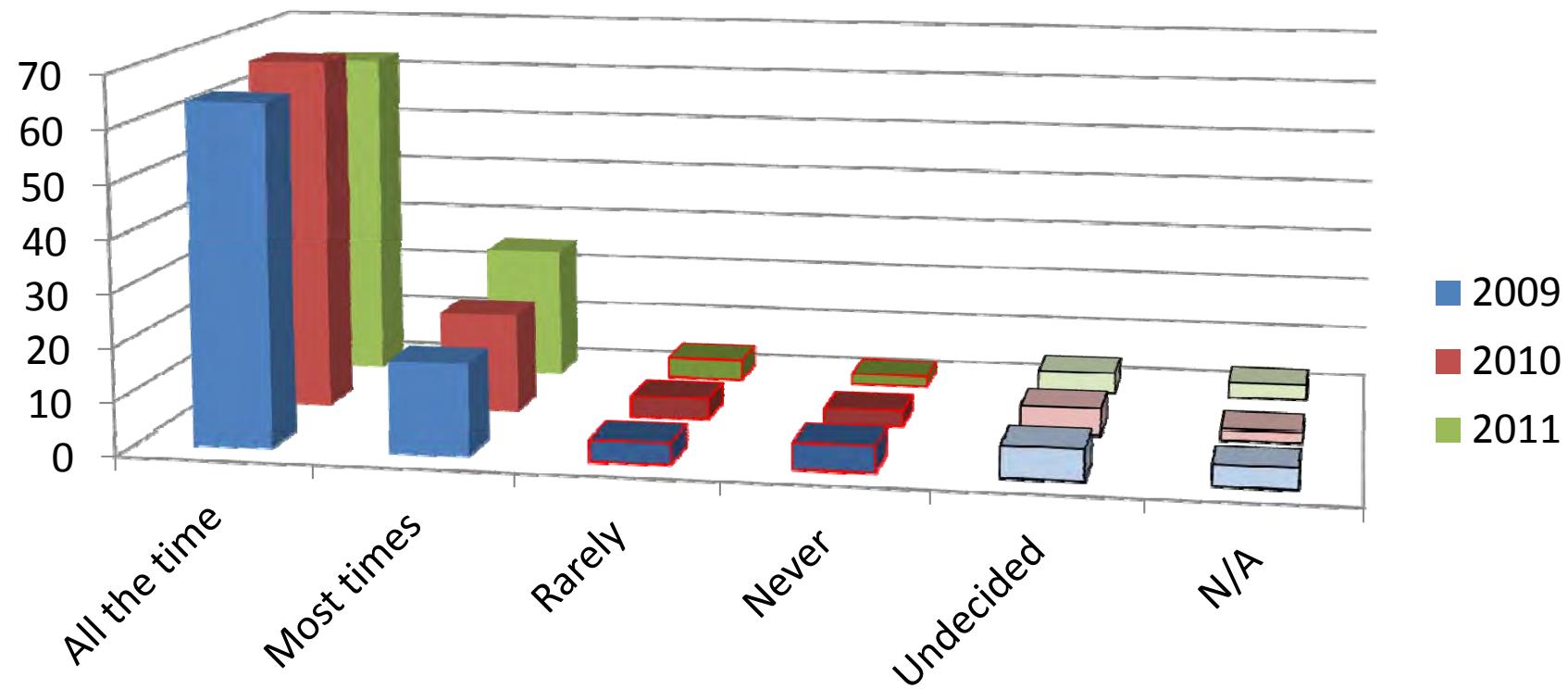
Result of calling for help



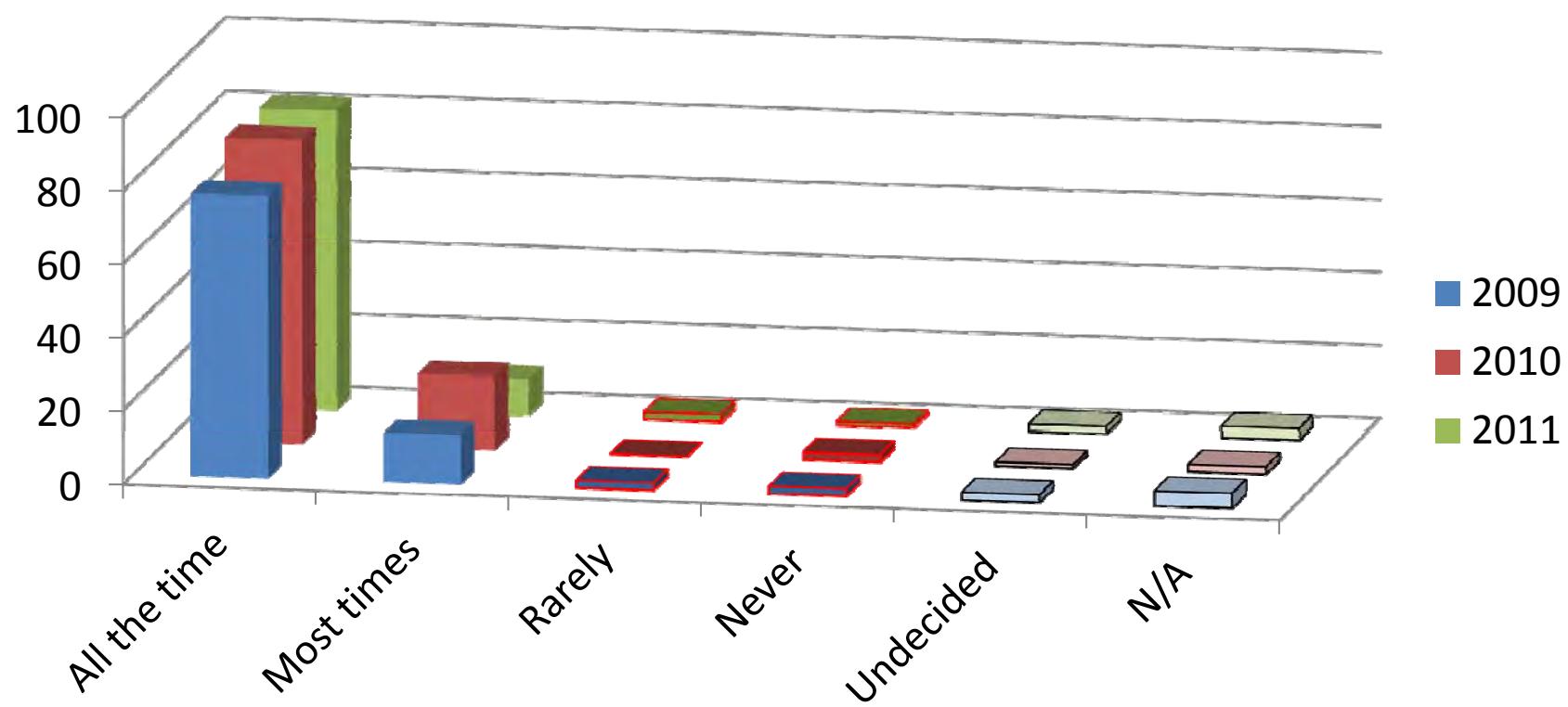
Happy about amount of time my provider spent with me



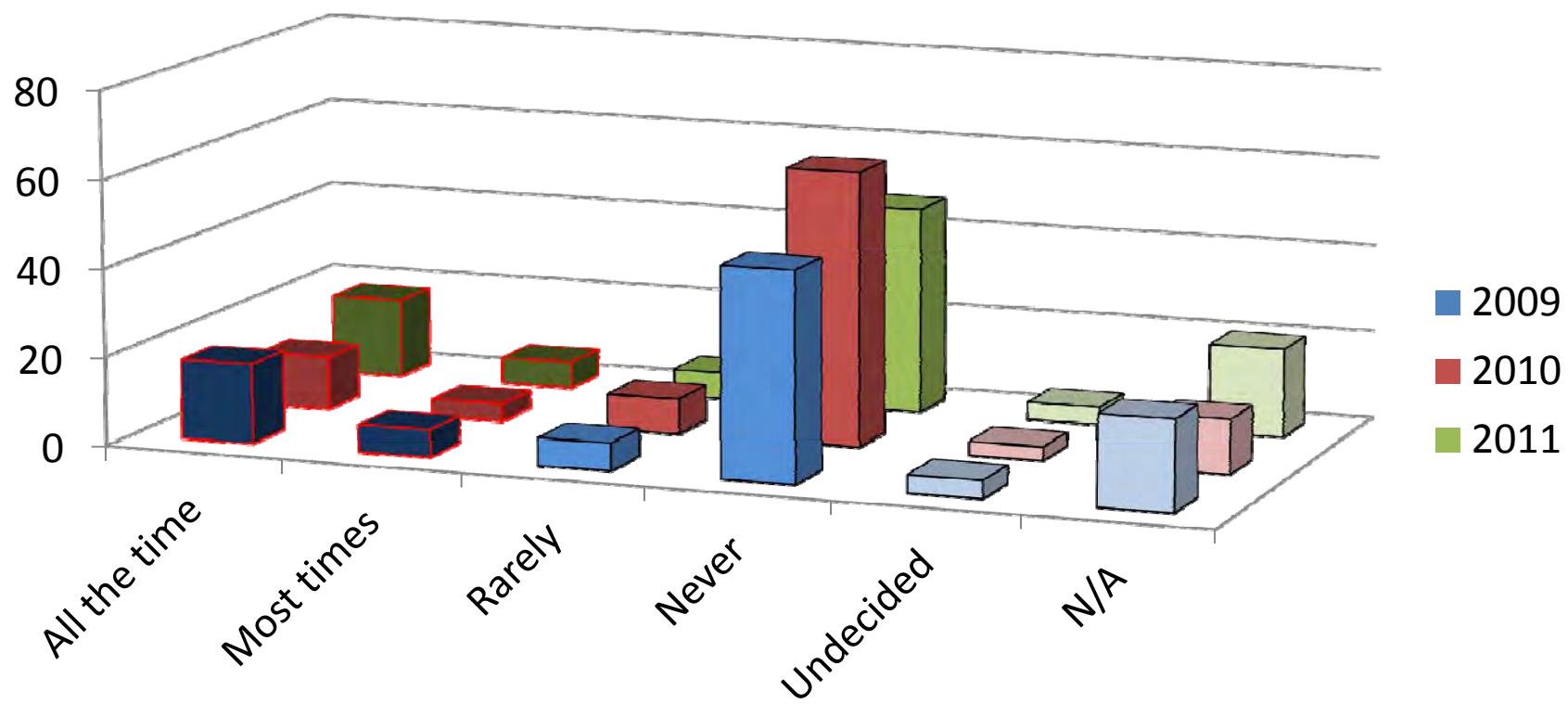
I felt I was involved in decisions about my care



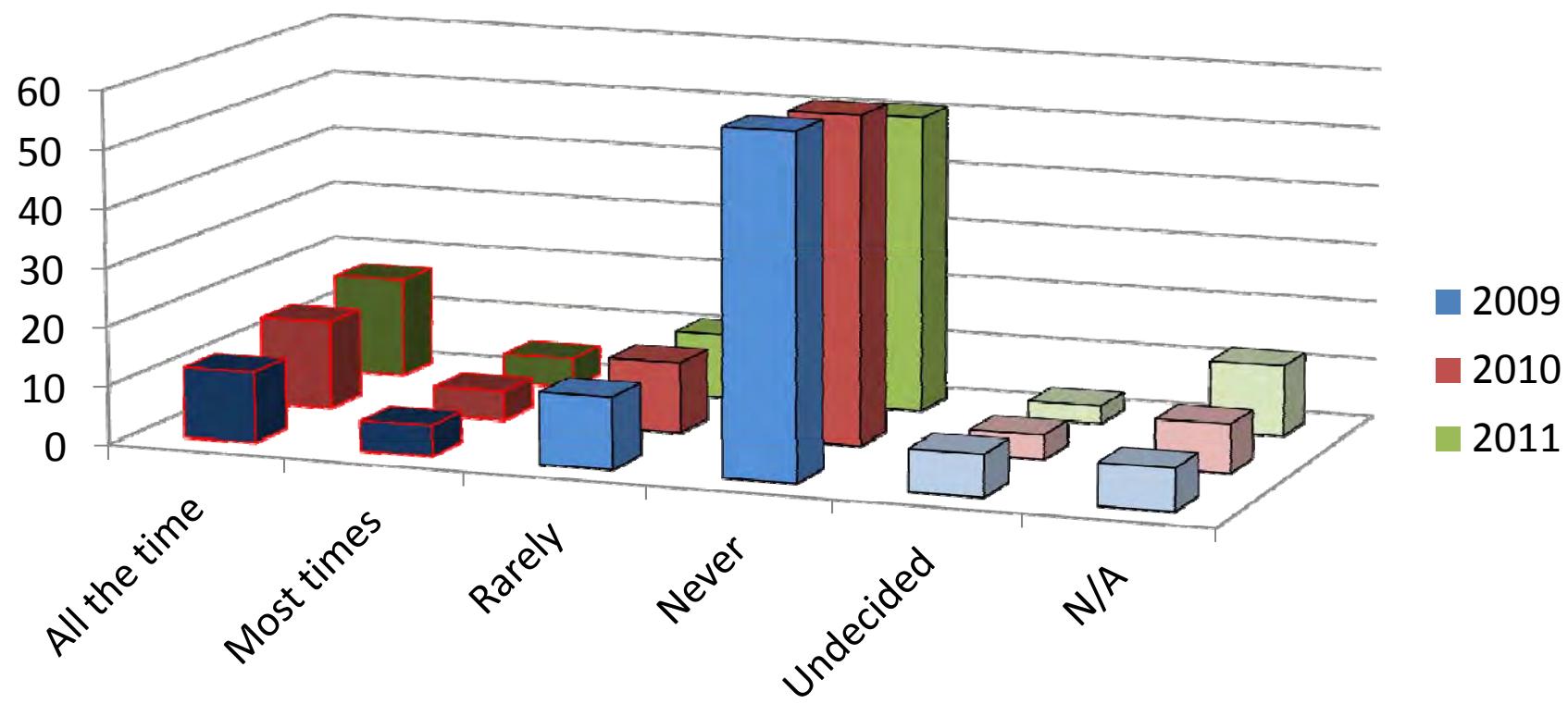
Provider made sure I understood my lab results and meaning for my health



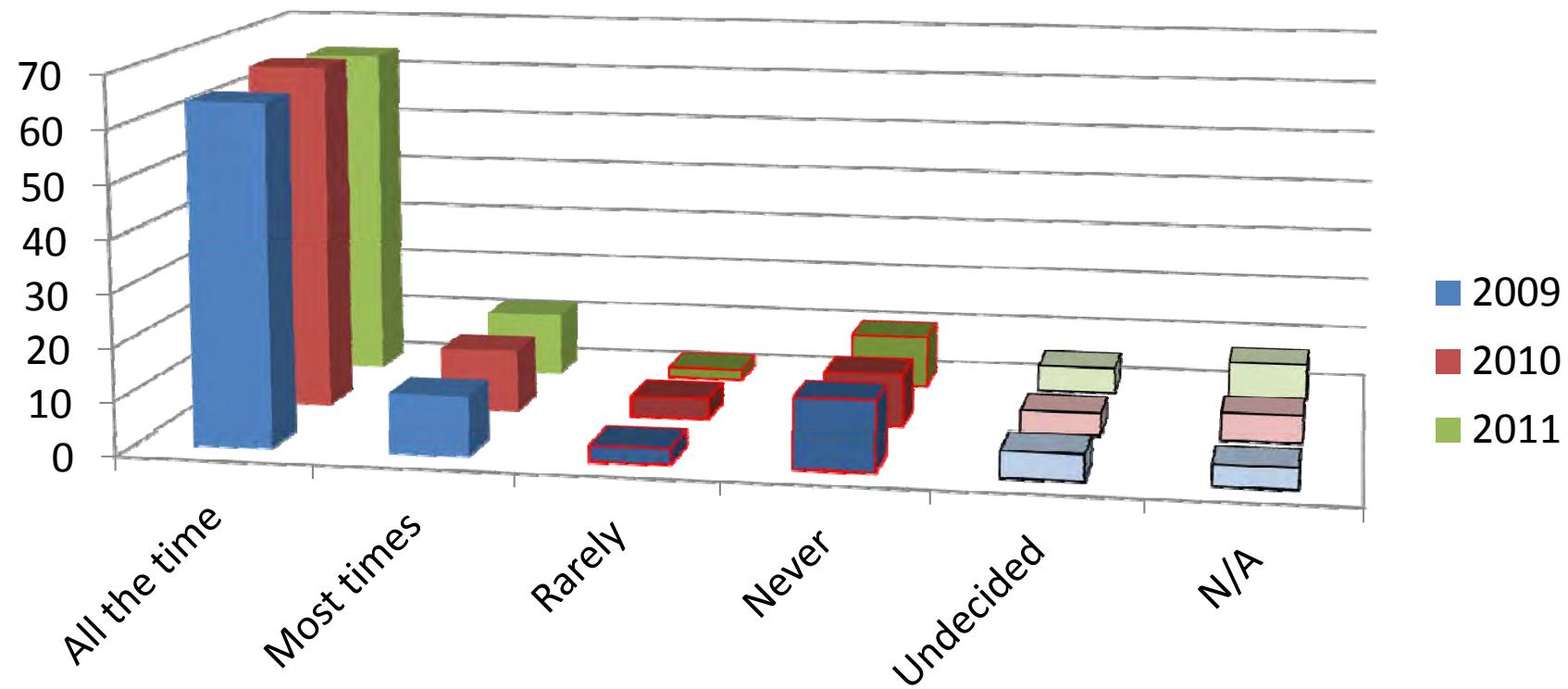
If I had a complaint my provider did not listen to it



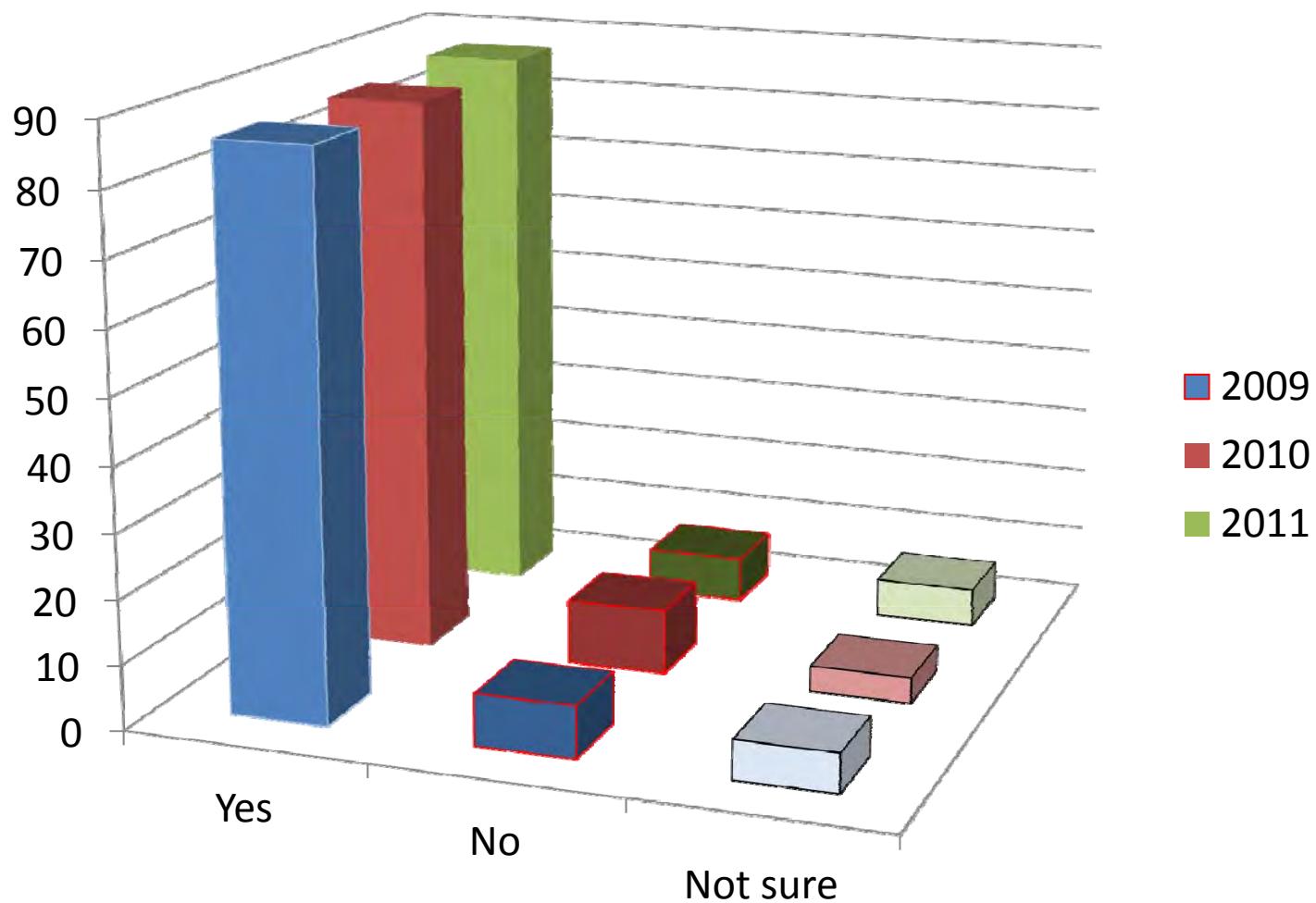
When I had questions about HIV it was hard to understand answers



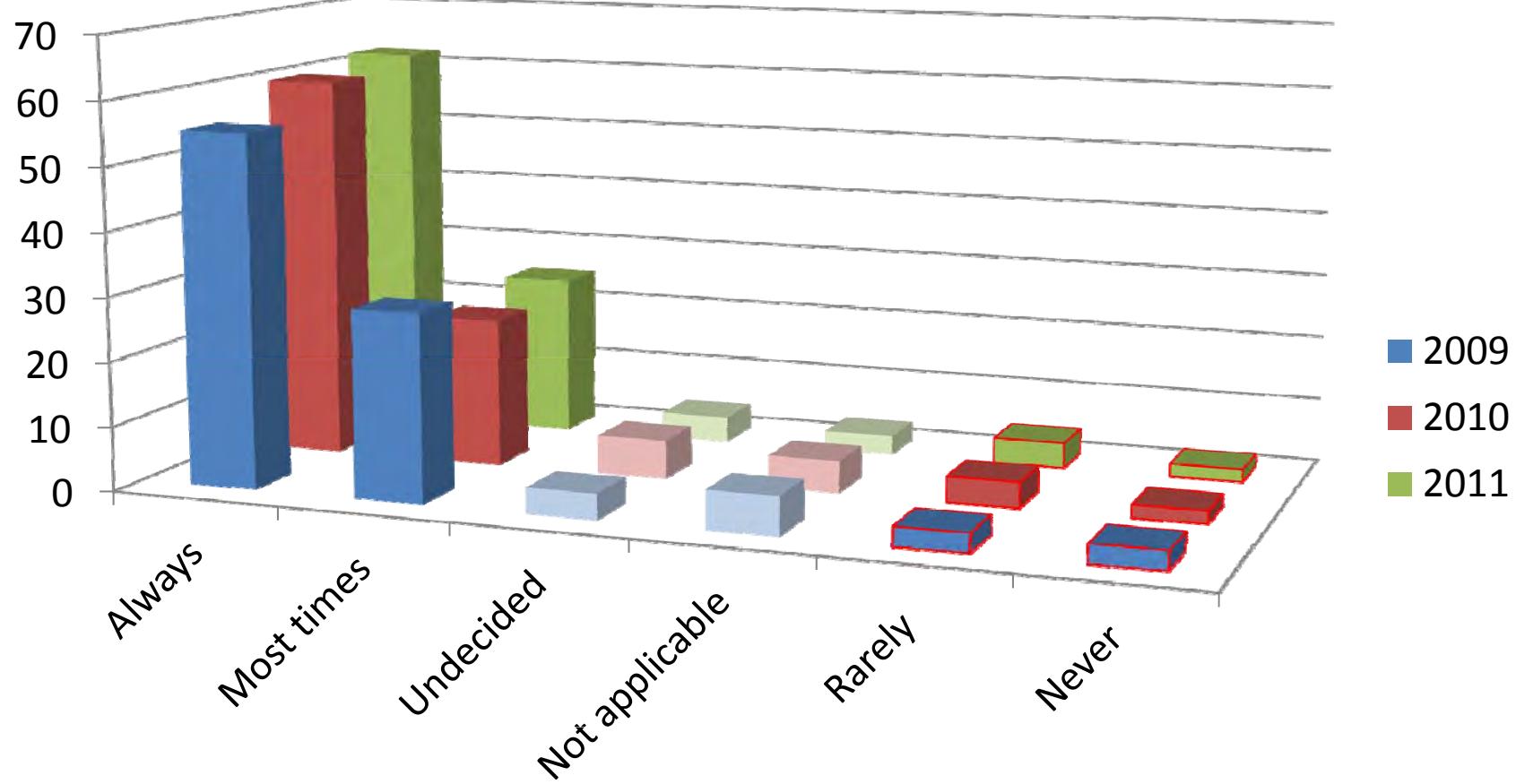
My provider was accepting of me / not judgmental



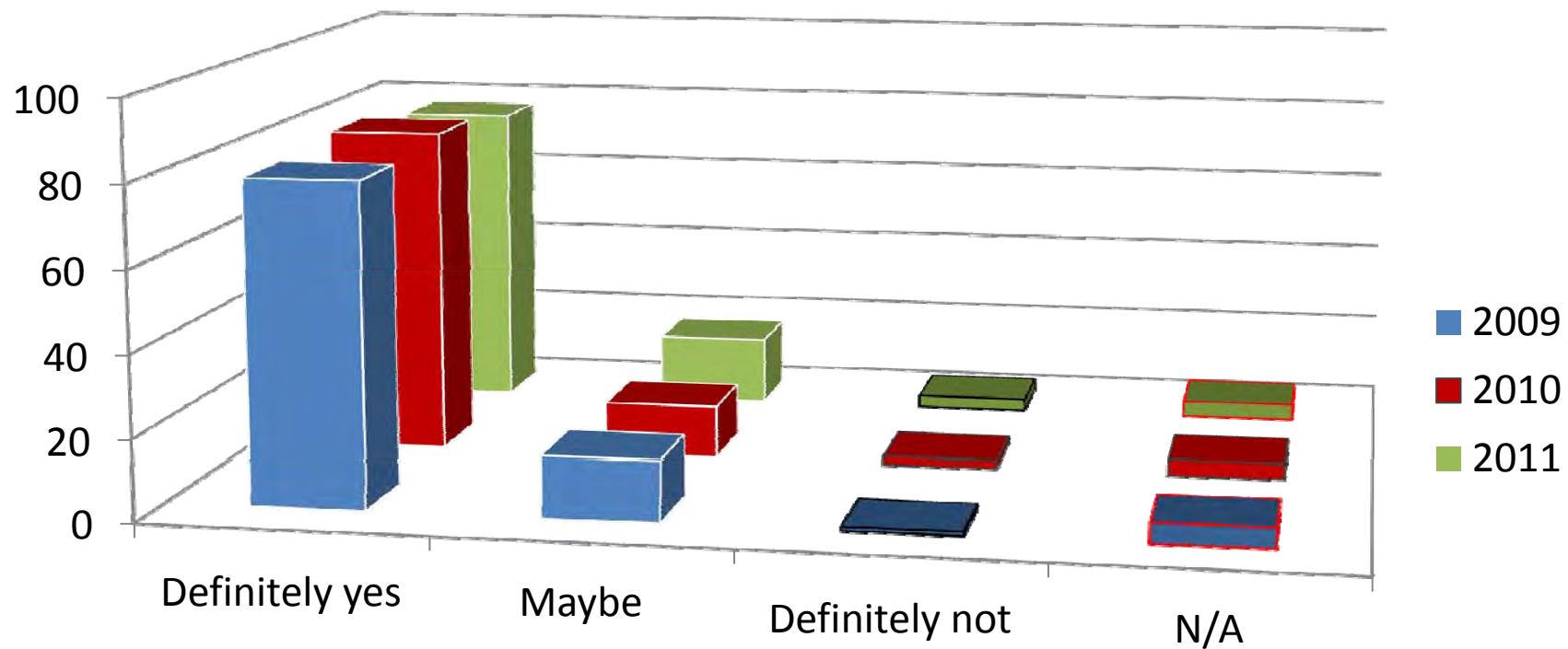
My providers made a referral if I needed help (like to the dentist, case manager, nutritionist, mental health, drug treatment, etc...).



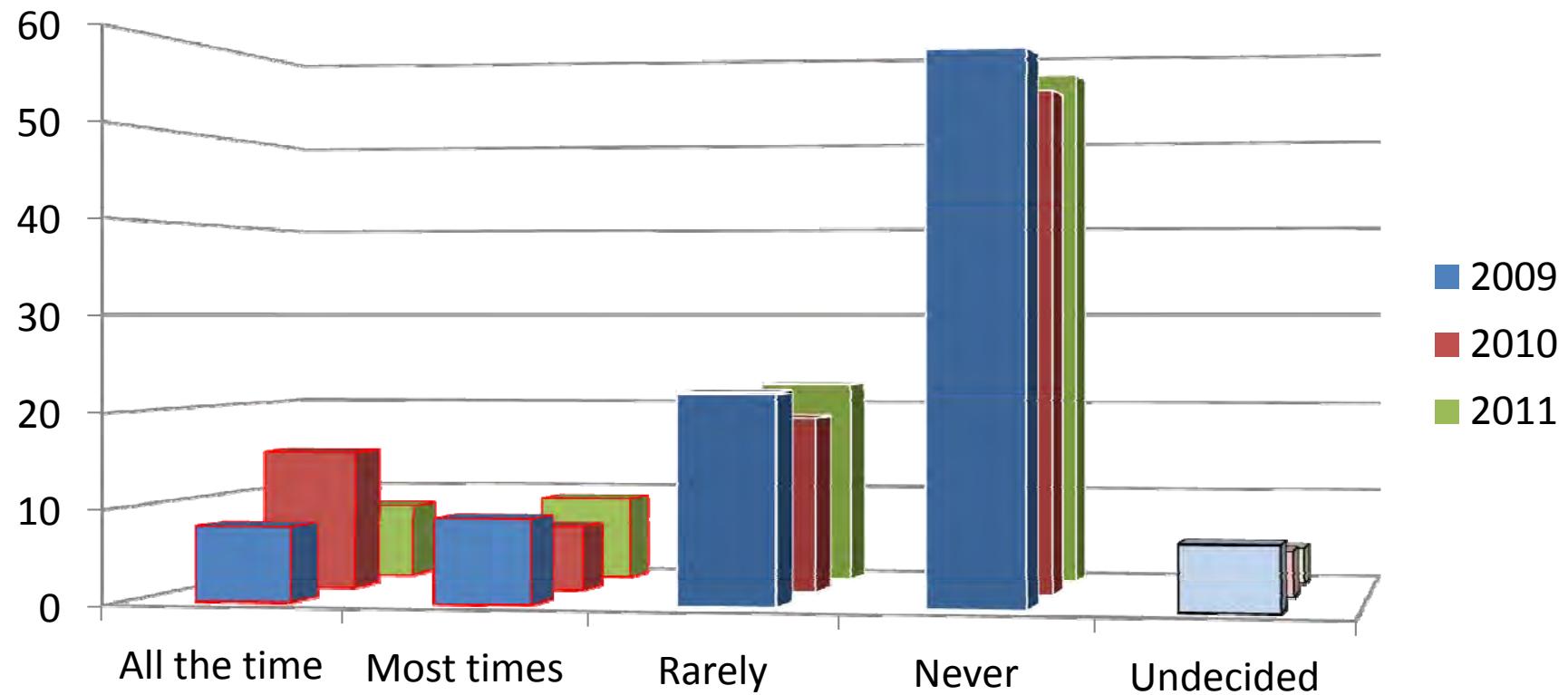
I was able to get the services that my provider referred me to.



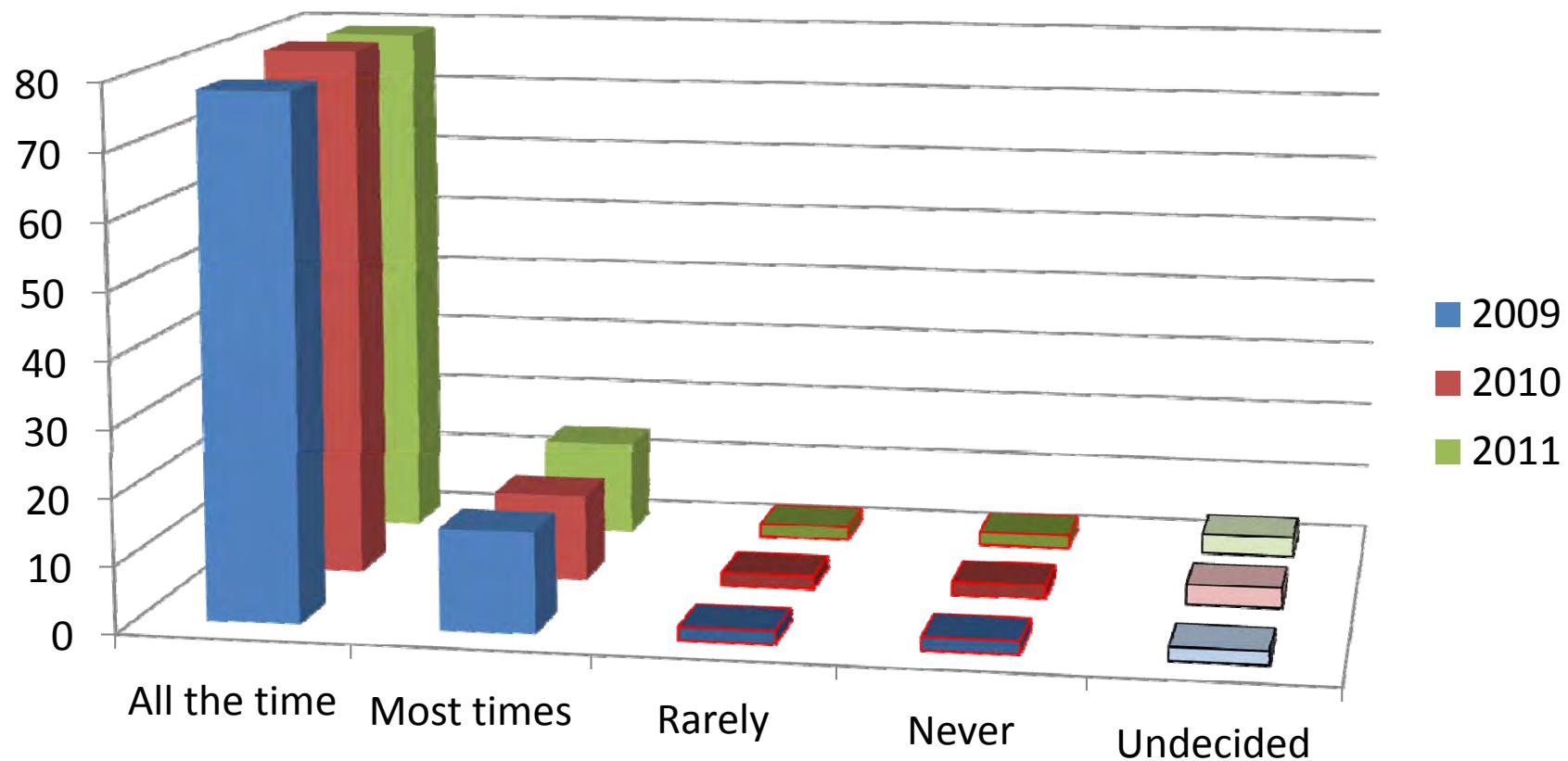
I would recommend this clinic to my HIV-positive friends with similar needs.



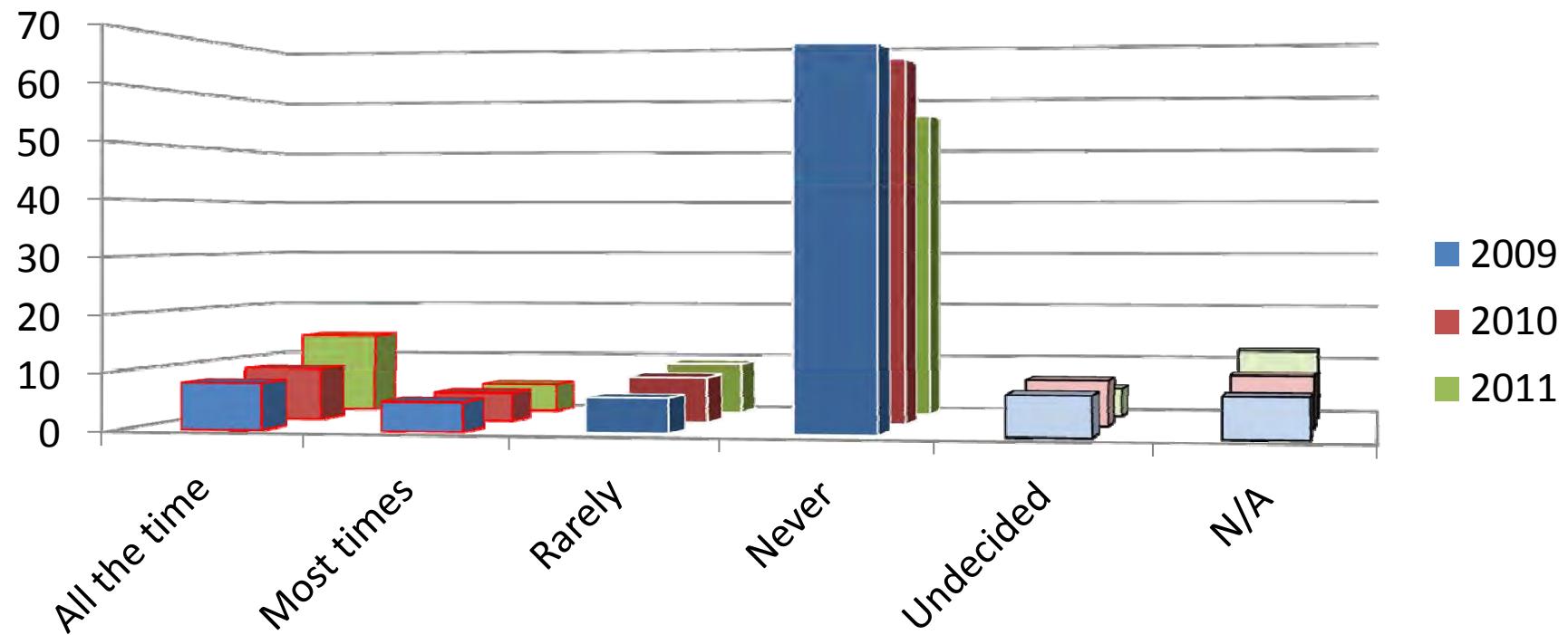
As I waited, CORE's registration/reception staff was unfriendly to me.



CORE's registration/reception staff checked to make sure my address phone number were current in the computer.

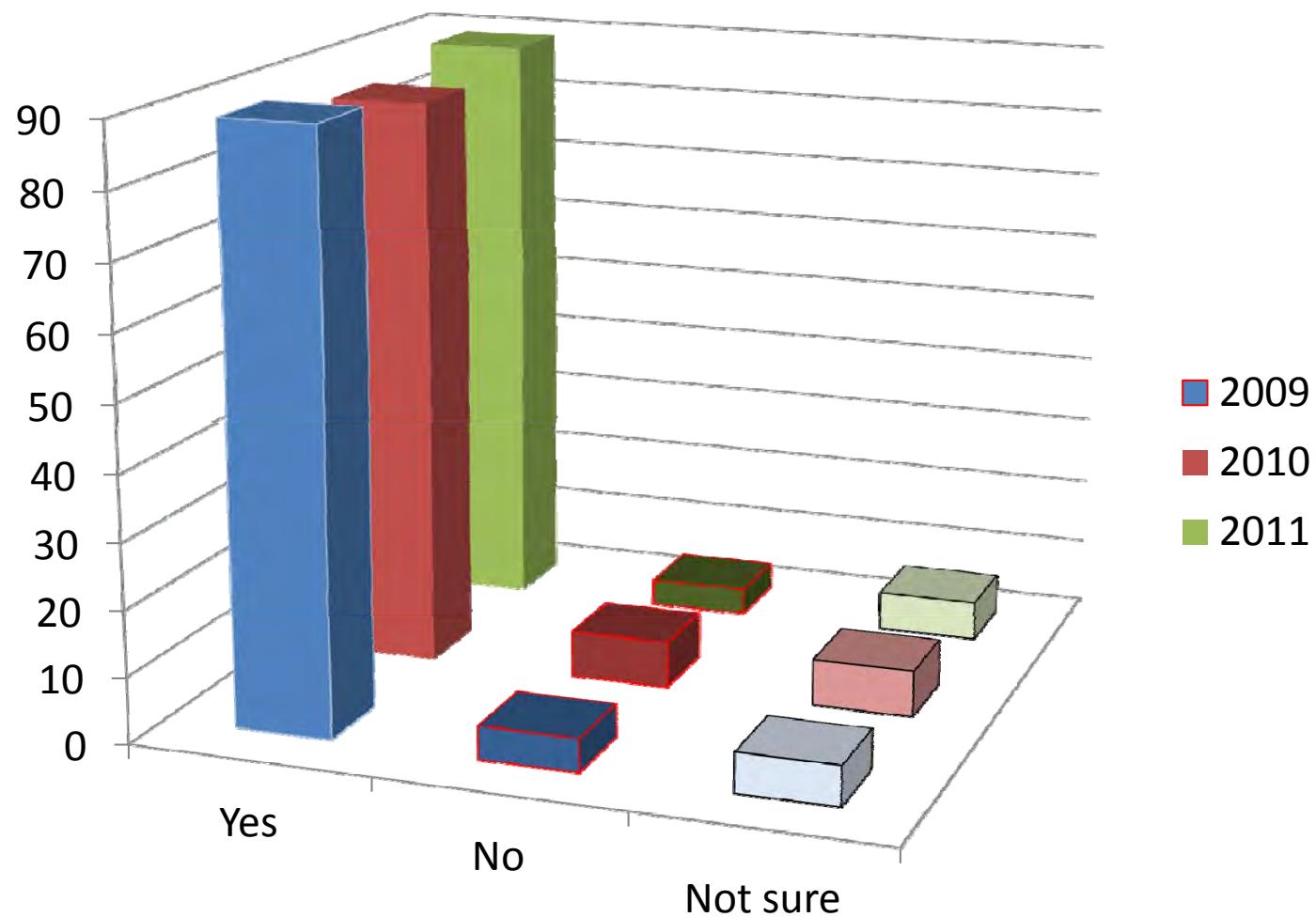


I thought about leaving CORE to find better care somewhere else.

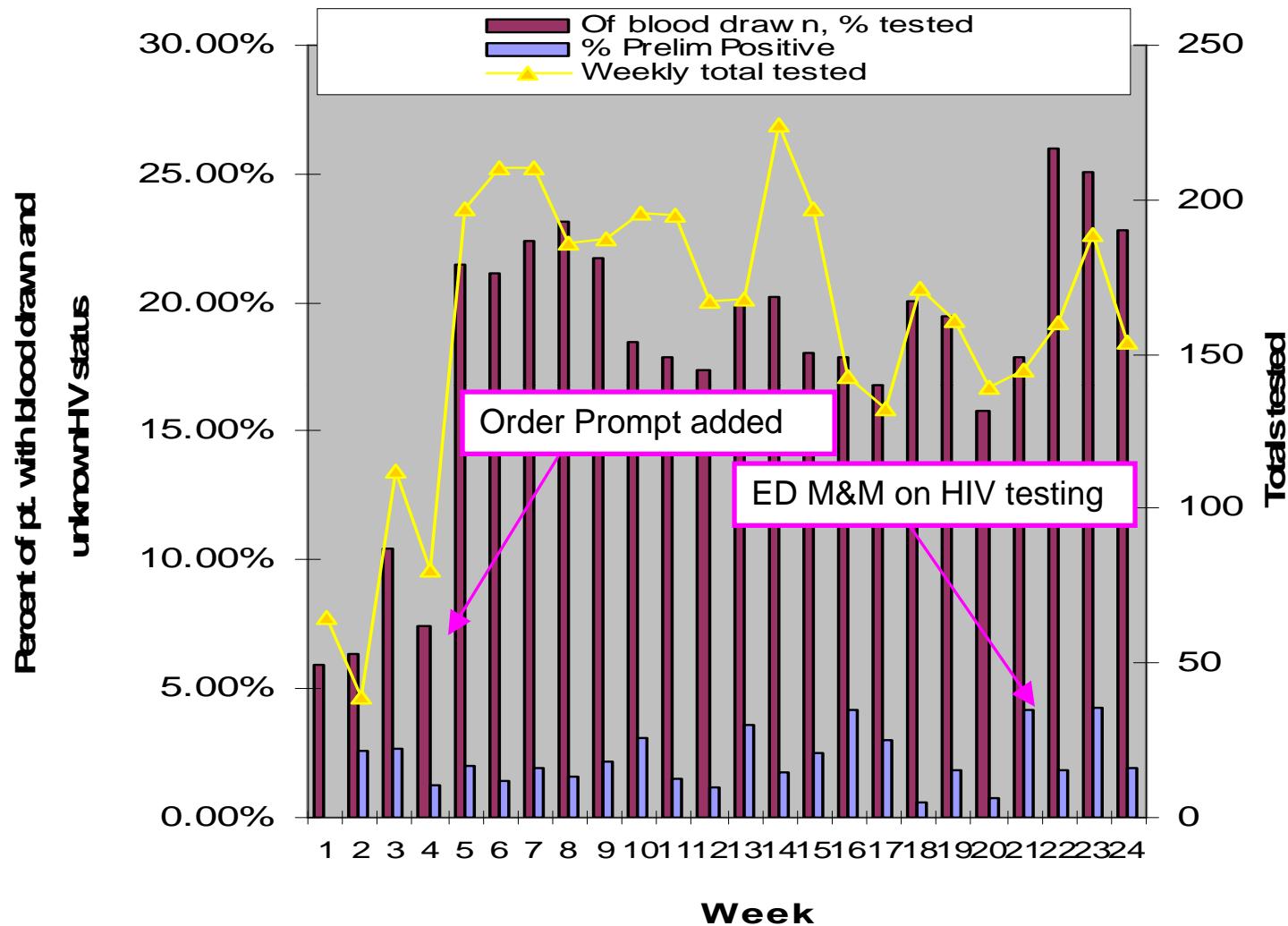


Possible negative trend

Explained side effects so I could understand them



Weekly patients receiving HIV Testing: Stroger ED



Over the Spring of 2011 we went from HIV testing 5% of ED patients to 25%

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
November 15, 2011

ATTACHMENT #3

Quality and Patient Safety Committee Meeting at Stroger

**Pierre E. Wakim, D.O.
President of the Medical Staff at PHCC
Chairman of the Emergency Medicine Department
Summary Report**

Tuesday, November 15, 2011

Agenda

I Dr. Quick

-- Outpatient Cardiac Diagnostic Testing

II Update—Five (5) OB Transfers to Stroger

III Nomination Committee 2012

IV Memorandum of Understanding

V Flu Shots in ED

VI Patients held in ED for Admission/Management

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
November 15, 2011

ATTACHMENT #4

Item VII(B)i - Renewal of Master Agreements 2011

Hosp Dept/Div		Partner	Reason	Dollars	Agreement Length	FTE Res/Yr	FTE Att/yr	Notes
PER		Chicago State University	CEMA	\$0	5 years	N/A	N/A	They have a Pharm D program and we would like to have their students rotate here
PER		UIC	CEMA	\$0	5 years	N/A	N/A	Master agreement expires in June, 2012

Item VII(B)ii - Renewal of Program Addenda - 2011

Hosp Dept	Program	Partner	Reason	Dollars	Annual Dollars	Agreement Length	FTE Res/Yr	FTE Att/yr	Notes
EM	Toxicology	U of C	PA	\$0	\$0	4 years	0.17	0	Fulfills requirement for Pediatric EM fellows at U of C
EM	OB/Gyne	St Anthony's	PA	\$0	\$0	3 years	0.58	0	Fulfills requirement for deliveries for EM residents
EM	EM	Childrens	PA	\$0	\$0	3 years	1	0	Fulfills requirement for Pediatrics for EM residents in year 3
EM	EM	U of C	PA	\$0	\$0	3 years	2	0	Fulfills requirement for Pediatrics for EM residents in years 2 and 4
Pediatrics	Neonatology	Jackson Park	PA	\$0	\$0	3 years	0.92	0	Provides Neonatal experience and Peds ER experience for FP residents. JP is part of the perinatal network
Surgery	Oral Surg	UIC	PA	\$0	\$0	3 years	0.075	0	UIC orthodontic residents to rotate in the Oral Surgery clinic 3 hours/wk
Family Medicine	FM	Bronzeville Park Nursing Center	PA	\$0	\$0	4 years	0.1	0	Allows FM residents to follow pts in the NHF after d/c from JSH

Item VII(B)iii - New Program Addenda 2011

<i>Hosp Dept/Div</i>	<i>Program</i>	<i>Partner</i>	<i>Reason</i>	<i>Dollars</i>	<i>Agreement Length</i>	<i>FTE Res/Yr</i>	<i>FTE Att/yr</i>	<i>Notes</i>
Pediatrics	Clinic	Alivio	PA	\$0	1 year	0.1	0	Provide outpatients for Peds training
EM	Emerg Med	Glenbrook Hospital	PA	\$0	3 years	1.25	0	Send our EM residents to Glenbrook for MICU experience

Item VII(B)iv - Renewal of Program Addenda - 2011

<i>Hosp Dept</i>	<i>Program</i>	<i>Partner</i>	<i>Reason</i>	<i>Dollars</i>	<i>Annual Dollars</i>	<i>Agreement Length</i>	<i>FTE Res/Yr</i>	<i>FTE Att/yr</i>	<i>Notes</i>
EM	EM	Northshore	PA	-\$558,900	-\$186,300	3 years	3	0	Provides EM residents with community hospital experience

Cook County Health and Hospitals System
Minutes of the Quality and Patient Safety Committee Meeting
November 15, 2011

ATTACHMENT #5

John H. Stroger, Jr. Hospital of Cook County



Medical Staff Appointments/Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATIONS

Chang, Jason V., MD Appointment Effective:	Psychiatry/Adult Psychiatry November 15, 2011 thru November 14, 2013	Voluntary Physician
Codispoti, Christopher, MD Appointment Effective:	Pediatrics/Allergy/Immunology November 15, 2011 thru November 14, 2013	Voluntary Physician
Enger, Minyen, MD Appointment Effective:	Pediatrics/Neonatology November 15, 2011 thru November 14, 2013	Active Physician
Hasan, Zahid, MD Appointment Effective:	Pediatrics/Critical Care November 15, 2011 thru November 14, 2013	Active Physician
Kates, Gayle, MD Appointment Effective:	Pediatrics November 15, 2011 thru November 14, 2013	Active Physician
Seltzberg, Roni, MD Appointment Effective:	Psychiatry/Adult Psychiatry November 15, 2011 thru November 14, 2013	Active Physician
Sikka, Monica K., MD Appointment Effective:	Medicine/Infectious Disease November 15, 2011 thru November 14, 2013	Voluntary Physician
Khattak, Samina, MD Appointment Effective:	Psychiatry November 15, 2011 thru November 14, 2013	Active Physician
Nash, Lawrence, MD Appointment Effective:	Psychiatry/Ambulatory Psych. November 15, 2011 thru November 14, 2013	Voluntary Physician

Initial Privileges for Non-Medical Staff

Baldauff, Leah J., PA-C With Virkus, Walter MD Alternate Szatkowski, Jan, MD Appointment Effective:	Surgery/Orthopaedic November 15, 2011 thru November 14, 2013	Physician Assistant
Norcott, Candice, PhD Appointment Effective:	Psychiatry/Juvenile Center November 15, 2011 thru November 14, 2013	Clinical Psychologist
Thomas, Barbara, PhD Appointment Effective:	Psychiatry November 15, 2011 thru November 14, 2013	Clinical Psychologist

**CCHHS
APPROVED**

**BY THE QUALITY AND PATIENT SAFETY COMMITTEE
ON NOVEMBER 15, 2011**

John H. Stroger, Jr. Hospital of Cook County (continued)

REAPPOINTMENT APPLICATIONS

Department of Anesthesiology

Ghaly, Ramis, MD Reappointment Effective:	Anesthesia/Neurosurgery December 18, 2011 thru December 17, 2013	Active Physician
Nasr, Ned, MD Reappointment Effective:	Anesthesia December 21, 2011 thru December 20, 2013	Active Physician

Department of Emergency Medicine

Ross, Christopher, MD Reappointment Effective:	Emergency Medicine December 16, 2011 thru December 15, 2013	Active Physician
Straus, Helen, MD Reappointment Effective:	Emergency Medicine December 16, 2011 thru December 15, 2013	Active Physician

Department of Medicine

Bodnar, Ulana R., MD Reappointment Effective:	Infectious Disease December 21, 2011 thru December 20, 2013	Voluntary Physician
Borkowsky, Shane, MD Reappointment Effective:	Hospital Medicine December 21, 2011 thru December 20, 2013	Active Physician
Brahmbhatt, Manish D., MD Reappointment Effective:	General Medicine November 20, 2011 thru November 19, 2013	Active Physician
Chataut, Chandra P., MD Reappointment Effective:	General Medicine December 21, 2011 thru December 20, 2013	Active Physician
Huhn, Gregory D., MD Reappointment Effective:	General Medicine November 24, 2011 thru November 23, 2013	Active Physician
Margata, Natasa L., MD Reappointment Effective:	Hospital Medicine November 24, 2011 thru November 23, 2013	Active Physician
Singh, Anshu, MD Reappointment Effective:	General Medicine November 20, 2011 thru November 19, 2013	Active Physician
Tchernodrinski, Stefan T., MD Reappointment Effective:	Hospital Medicine December 18, 2011 thru December 17, 2013	Active Physician
Zimnowodzki, Simon, MD Reappointment Effective:	Neurology December 21, 2011 thru December 20, 2013	Consulting Physician

John H. Stroger, Jr. Hospital of Cook County
Reappointment Applications (continued)

Department of Obstetrics and Gynecology

Yordan, Edgardo, MD Gynecology Active Physician
Reappointment Effective: December 21, 2011 thru December 20, 2013

Department of Pediatrics

Department of Psychiatry

Mehlinger, Renee, MD Psychiatry Voluntary Physician
Reappointment Effective: November 15, 2011 thru November 14, 2013

Tachauer, Alessandra, MD Consultation-Liaison Active Physician
Reappointment Effective: November 18, 2011 thru November 17, 2013

Department of Surgery

Madrigano, Andrea Breast Oncology Voluntary Physician
Reappointment Effective: November 15, 2011 thru November 14, 2013

Patel, Urjeet, MD Otolaryngology Active Physician
Reappointment Effective: December 16, 2011 thru December 15, 2013

Department of Trauma

Non-Medical Staff Renewal of Privileges

John H. Stroger, Jr. Hospital of Cook County
Non-Medical Staff Renewal of Privileges (continued)

Holden, M. C., PA-C	Medicine/General Medicine	Physician Assistant
With Ganschow, Pamela S., MD		
Alternate Aluen-Metzner, Irene, MD		
With Marcus, Elizabeth A., MD	Surgery/Surgical Oncology	
Alternate Madrigrano, Andrea, MD		
Reappointment Effective:	November 15, 2011 thru November 14, 2013	

Non-Medical Staff Renewal of Privileges (cont'd)

Patel, Manisha, PA-C	Correctional Health Services	Physician Assistant
With Baker, Terrance P., MD		
Alternate DeFuniak, Andrew, MD		
Reappointment Effective:	November 20, 2011 thru November 19, 2013	
Simmons, Zina M., CNP	Medicine	Nurse Practitioner
With Kelleher, Patricia, MD		
Reappointment Effective:	November 24, 2011 thru November 23, 2013	

MEDICAL STAFF CHANGE WITH NO CHANGE IN CLINICAL PRIVILEGES

Bradley, Juliet, MD	From: Affiliate Physician	To: Active Physician
Family Medicine		

Provident Hospital of Cook County



Medical Staff Appointment, Reappointments and Non-Medical Staff Action Items Subject to Approval by the CCHHS Quality and Patient Safety Committee

INITIAL APPOINTMENT APPLICATION

REAPPOINTMENT APPLICATIONS

Emergency Medicine

Nagaraj, Athihalli, MD Emergency Med/Urgent Care **Ancillary Physician**
Reappointment Effective: November 30, 2011 thru November 29, 2013

Internal Medicine

Fogelfeld, Leon, MD **Endocrinology** **Affiliate Physician**
Reappointment Effect: **November 24, 2011 thru November 23, 2013**

MEDICAL STAFF CHANGE WITH NO CHANGE IN CLINICAL PRIVILEGES

Bradley, Juliet, MD From: Active Physician To: Affiliate Physician
Family Medicine